

**Registration Form**  
**CincinnatiSpanishAcademy.com**  
513-348-1012  
1018 Delta Ave, Suite 203  
Cincinnati Oh 45208

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**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_

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**Parent/ Guardian name** \_\_\_\_\_ **Phone number** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

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**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**Has your child studied Spanish before?** \_\_\_\_\_

Does your child suffer from any condition that we should be aware of? \_\_\_\_\_

In case of an emergency, who would you like us to contact first? \_\_\_\_\_

We will be taking pictures. Do you authorize us to use those pictures for marketing purposes?  
yes or no (please circle)

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**Spanish Class**

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Price: \$120.00 or \$95 (please circle)

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I hereby give permission for my child, \_\_\_\_\_, to participate in the CSA Spanish Language Program.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the registration form and include payment. The information provided is strictly for use by CSA. Make checks payable to Cincinnati Spanish Academy. Please send check to:  
Cincinnati Spanish Academy, Registration at CSA, PO BOX 54409, Cincinnati, Oh 45254

**If you have any question please contact Katherine at [registration@cincinnati-spanish-academy.com](mailto:registration@cincinnati-spanish-academy.com) or at 513-348-1012**

**GRACIAS**