



Instructions for Online Registration:

Log onto www.scopeonline.us. On left hand side click on **Child/Student Services**. Under **Heading K-12** look for **Student Enrichment Programs**. Click on **Northport Linguas at Ocean Avenue School**.



ONLINE REGISTRATION NOW AVAILABLE!

***SCOPE
L.I.N.G.U.A.S.* PROGRAM
FOR 2009- 2010
AT
OCEAN AVENUE SCHOOL
FOR STUDENTS
ENTERING GRADES 2-5***



WEDNESDAY

**December 2, 2009 -
May 19, 2010**

3:00 p.m. - 3:50 p.m.

*** LANGUAGES IN
NORTHPORT
GREET US
AFTER SCHOOL**

**SCOPE L.I.N.G.U.A.S. PROGRAM
OFFERED AT
NORTHPORT - EAST NORTHPORT
SCHOOLS
SCOPE - (631-881-9663)**

**LINGUAS COORDINATOR,
JENNIFER NESFIELD**

PURPOSE OF PROGRAM

The purpose of this program is to foster an appreciation of the target culture and language. The program will be available to students in Grades 2-5. LINGUAS students will be required to complete homework assignments and spend at least 45 minutes to an hour each week beyond class time to master the required vocabulary and grammar.

The LINGUAS Program covers the entire 7th grade language curriculum over a 3 or 4 year period.

Parents will be apprised privately of any negative behavior and may be given an incident report describing the behavior. If negative behavior continues, it may be necessary to withdraw the child from the program.

PROGRAM INFORMATION

PROGRAM COST: \$150.00

Registration is available by mail or online (see back for details).

Please make all checks payable to SCOPE. Full payment is required upon registration. Return your registration form with payment to:

SCOPE Linguas Program at Northport

100 Lawrence Avenue

Smithtown, New York 11787

Deadline for registration is Friday, October 30, 2009.

Please note:

- Withdrawals prior to the start of the program are subject to a \$25.00 administration fee.
- Once the program begins, no refunds will be issued.
- A minimum of 15 children is required to start each class.

PROGRAM CALENDAR

Month	Day	Month	Day	Month	Day
		Dec.	2,9,16,23	Jan.	6,13,20,27
Feb.	3,10,24	March	3,10,17,24	April	7,14,21,28
May	5,12,19,26*	Make-up date			

REGISTRATION FORM LINGUAS PROGRAM 2009 - 2010

Last Name: _____ First Name: _____

Home Address: _____

Current Grade: _____ School: _____

Parent/Legal Guardian: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail Address: _____

Please indicate 1st and 2nd choice:

Spanish 1 _____ Spanish 2 _____ Spanish 3/4 _____

French 1 _____ Italian 1 _____ ASL _____

German 1 _____

If class is not offered at home school, will you transport your child to another school?

Emergency Contact Name: _____

Phone #: _____

Physicians Name: _____

Phone #: _____

My child may be released to: _____

Please share with us any information that would be useful in providing for your child's needs. Include any relevant medical, educational or psychological information. Please include any current medications, allergies, etc.

Please enclose check payable to SCOPE for \$150.00 and return with registration form or fill out information below to pay with a credit card.

Cardholder's Name: _____

Credit Card Number: _____ Expiration Date: _____

Signature of Cardholder: _____

MAILING ADDRESS: 100 LAWRENCE AVENUE, SMITHTOWN, NY 11787