



**Instructions for Online Registration:**

Log onto [www.scopeonline.us](http://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 **Norwood Avenue School**.

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

LINGUAS COORDINATOR,  
JENNIFER NESFIELD



**ONLINE REGISTRATION NOW AVAILABLE!**

**SCOPE**  
**L.I.N.G.U.A.S.\* PROGRAM**  
**FOR 2009 - 2010**  
**AT**  
**NORWOOD 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**

## 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
		<b>Dec.</b>	<b>2,9,16,23</b>	<b>Jan.</b>	<b>6,13,20,27</b>
<b>Feb.</b>	<b>3,10,24</b>	<b>March</b>	<b>3,10,17,24,31</b>	<b>April</b>	<b>14,28</b>
<b>May</b>	<b>5,12,19,26*</b>	<b>*Make-up date</b>			

## 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**