



THE FOREIGN LANGUAGE NETWORK

Lakeside Legacy Arts Park
401 Country Club Road, Crystal Lake, IL 60014
Phone (815) 814-5983 or (847) 426-6856 Fax (847) 594-6085
www.foreignlanguagenetwork.com

FALL 2006 CLASS SCHEDULE

SPANISH

Ages 3-5	Preschool	Tues. and/or Wed., 9:30 - 11:30 a.m. (see special registration form)	
Ages 5-7		Mon., 4:30 - 5:20 p.m.	Sept. 11 - Nov. 13
		Sat., 10:30 - 11:20 a.m.	Sept. 9 - Nov. 11
Ages 8 & up		Wed., 3:45 - 4:35 p.m.	Sept. 13 - Nov. 15
		Sat., 11:45 - 12:35 p.m.	Sept. 9 - Nov. 11
Age 8 & up	Intermediate	Mon., 6:30 - 7:20 p.m.	Sept. 11 - Nov. 13
Adult		Thurs., 7:45 - 8:45 p.m.	Sept. 14 - Nov. 16

CHINESE (MANDARIN)

Ages 3-5	Preschool	Mon. and/or Thurs., 9:30 - 11:30 a.m. (see special registration form)	
Ages 6-10		Thurs., 4:00 - 4:50 p.m.	Sept. 14 - Nov. 16
Adult		Thurs., 6:30 - 7:30 p.m.	Sept. 14 - Nov. 16

ITALIAN

Ages 6-10		Fri., 4:45 - 5:35 p.m.	Sept. 15 - Nov. 17
Age 11 & up		Wed., 6:00 - 6:50 p.m.	Sept. 13 - Nov. 15
Adult Beginning		Tues., 7:30 - 8:30 p.m.	Sept. 12 - Nov. 14
Adult Intermediate		Wed., 7:30 - 8:30 p.m.	Sept. 13 - Nov. 15

FRENCH

Ages 5 - 7		Tues., 4:30 - 5:20 p.m.	Sept. 12 - Nov. 21 (no class Oct. 31)
Ages 8 & up		Tues., 6:30 - 7:20 p.m.	Sept. 12 - Nov. 21 (no class Oct. 31)
Adult		Mon., 7:30 - 8:30 p.m.	Sept. 11 - Nov. 13

GERMAN

Ages 5-10		Sat., 9:30 - 10:20 a.m.	Sept. 23 - Nov. 25
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Fee: \$135 (\$10 discount for each additional sibling) Please mail bottom portion of this form with payment to the address above. Or, fax this form with credit card information or call (847) 426-6856 to register by phone. A confirmation letter will be mailed to you before the start of classes. No refunds will be issued after classes begin.

Registration deadline is September 5, 2006. Class size is limited. Please register early to guarantee a space in class.

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Lakeside Legacy Arts Park Name _____ Age (child) _____

Language _____ Class Day & Time _____

Street Address _____ City & Zip _____

Parent/Guardian Names _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

Other Emergency Contact _____ Phone _____

Please make checks payable to The Foreign Language Network.

Credit Card Information ___Visa ___Master Card Amount \$ _____

Cardholder Name _____

Card Number _____ Exp. Date _____

Signature _____ Date _____