



“La Escuelita”

[The Little School in Spanish]

Spanish class for PAS children

Class Schedule

Wednesdays from 12:30pm to 1:15 pm (Registration is limited to 10 students)

Fees and Payment

\$150 + \$10 Registration Fee = \$160.00 Total (9 classes in the Fall 2025 Session)

Payment is accepted through Venmo, or personal check.

Venmo account is @Sunny-Neely-1. Please check “Friend” NOT “Purchase” for type of payment.

Checks should be made out to Carmen Gonzalez.

Registration Forms and all checks please return to Preschool Office.

General information (please PRINT CLEARLY)

Student Name_____

Parent Name_____

Cell Phone_____ Email Address_____

Parent Consent

I, _____, grant permission for my child, _____ to participate in La Escuelita The Little School in Spanish classes at The Preschool at All Saints. I have discussed any questions or concerns about my child’s participation in the program with Carmen Gonzalez and the PAS administration. I understand that I am welcome to attend any and/or all classes. Additionally, I understand that I can contact and speak with Carmen Gonzalez or the PAS administration at any time regarding any concerns or questions I may have regarding this program.

Parent/Guardian Signature_____ Date_____

Liability Waiver

As the parent or guardian of a child participating in La Escuelita The little School in Spanish classes, I remain legally responsible for all personal decisions and actions taken by my child. I accept full responsibility and liability for any injury, illness, or harm that may occur to my child during their participation in this early childhood after school program. I understand the physical risks and difficulties involved in this program, and I acknowledge that my child does not have to participate in any activity that I deem unsafe for them due to their physical limitations, capabilities, or personal beliefs.

On behalf of myself, my spouse, our heirs, successors, and assigns, I agree to hold legally harmless the Catholic Archdiocese of Atlanta, All Saints Catholic Church, The Preschool at All Saints, Carmen Gonzalez, and all of their agents or assigns for any injury or illness incurred during my child’s participation in this after school program.

Parent/Guardian Signature_____ Date_____