

# THE FOREIGN LANGUAGE NETWORK

401 Country Club Road, Crystal Lake, IL 60014  
Phone (815) 814-5983 or (847) 426-6856 Fax (847) 594-6085

## SUMMER 2006 CLASS SCHEDULE

The Foreign Language Network is offering classes this summer at the Lakeside Legacy Arts Park. Classes meet once per week for nine weeks. Class size is 6 -15 students, and new and continuing students are always welcome!

### SPANISH

Ages 3-5	Beginning	Mon., 11:00 - 11:40 a.m.	6/12 - 8/7
Ages 6-10	Beginning	Mon., 1:00 - 1:50 p.m.	6/12 - 8/7
Ages 6-10	Intermediate	Tues., 11:00 - 11:50 a.m.	6/13 - 8/15*
Age 11 & up	Beginning	Mon., 2:00 - 2:50 p.m.	6/12 - 8/7
Age 11 & up	Intermediate	Tues., 1:00 - 1:50 p.m.	6/13 - 8/15*
Adult	Beginning	Wed., 7:00 - 8:00 p.m.	6/14 - 8/9

### CHINESE (MANDARIN)

Ages 3-5	Wed., 10:30 - 11:10 a.m.	6/14 - 8/9
Ages 6-10	Thurs., 1:00 - 1:50 p.m.	6/15 - 8/10
Adult	Mon., 7:00 - 8:00 p.m.	6/12 - 8/7

### FRENCH

Ages 3-5	Thurs., 10:30 - 11:10 a.m.	6/15 - 8/10
Ages 6-10	Thurs., 11:30 - 12:20 p.m.	6/15 - 8/10
Adult	Tues., 6:30 - 7:30 p.m.	6/13 - 8/15*

### ITALIAN

Ages 5-10	Wed., 11:30 - 12:20 p.m.	6/14 - 8/9
Age 11 & up	Wed., 1:00 - 1:50 p.m.	6/15 - 8/10
Adult Beginning	Tues., 7:30 - 8:30 p.m.	6/13 - 8/15*
Adult Intermediate	Thurs., 7:30 - 8:30 p.m.	6/6 - 8/31

### GERMAN

Ages 5-10	Fri., 11:00 - 11:50 a.m.	6/16 - 8/11
Adult	Thurs., 6:30 - 7:30 p.m.	6/15 - 8/10

\*No class July 4.

Fee: \$117 (\$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.

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Summer Class 2006 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 \_\_\_\_\_