



Registration for **TriBeca Language**

Send application to:

Email: info@tribecalanguage.com

or Mail: 22 Harrison Street, New York NY 10013

or Fax: 212-219-9895

Phone: 212-219-9893

Parent Name (First/Last) Child Name (First/Last) Child DOB

Address zip code

Email Phone 1 Phone 2

Language interested in

- French Spanish German Italian
 Chinese Korean Hindi Hebrew

Sessions	Date	No. of weeks
Fall/Winter	Sept 13 – Dec 17	13
Winter	Jan 3- March 21	12
Spring	April 4- June 24	12

Days requested Monday Tuesday Wednesday Thursday Friday

Time requested 9:15-9:55am 10:00-10:40am 10:45-11:25am 12:00- 1:00pm
 1:00 - 2 :00pm 2:45-3:25pm 3:30-4:10pm 4:15 - 4:55pm

Adult options 5:15- 6:15pm 6: 15- 7:15pm 7: 15- 8:15pm

What school attending (if applicable)

How did you hear about us?

Payment Options

I would like to pay by check. Check #: _____

I would like to charge the class fees to my (check one): Visa MasterCard AMEX

Card No. Security Code Expiration Date (mo/yr)

Cardholder's billing address

City/State/Zip/Postal code Name as it appears on card

Authorizing signature Application date

There is a \$25 annual registration fee. Discounts given for full session advance purchases only, no exceptions.
NOTES: