Quinault Language Class

Dear Applicant:

We are so glad you are interested in learning about kwinaɣɬɬək!

Families and individuals may register for Quinault language forty-minute classes to occur once (or twice depending upon availability) a week for a period of up to ten weeks. The minimum class size is 1 and maximum is 8. At the end of the ten-week period, participants may re-register based upon availability. The minimum age for individual classes is 14; children under 14 must be accompanied by a parent.

Registration is on a first come-first serve basis. Classes will be scheduled based upon the responses of applicants and their time/day preferences. *If we reach full capacity, applicants will be placed on a waiting list for registration.

Please complete registration form and ensure that all participants have signed behavior expectations.
All applications will be accepted until 4:30pm on the deadlines:

Winter Deadline:	**December 14**
Spring Deadline:	**March 22**
Fall Deadline:	**August 30**

If you have any other questions, please contact Dr. Cosette Terry-itewaste at (360) 276-8215 ext. 1034 or by email cterry-itewaste@quinault.org.

Sincerely,

Cosette Terry-itewaste, PhD
Language Developer & Lead Teacher
Quinault Language Department

Quinault Language Class

Class Session: ◯ Winter ◯ Spring ◯ Fall

Class Location: ☐ Hoquiam ☐ Queets ☐ Taholah ☐ Zoom

*If you are re-applying, only fill this page out if your information has changed.

Name(s) and age of applicants:

_____

_____

_____

Home Address:

_____

_____

Home Phone:_____ Work Phone: _____

Email: _____

In case of an emergency, please list two contacts we can call:

1._____

2._____

Please list any medical conditions that your child has that we should be aware of; i.e., allergies

_____

_____

_____ _____

Applicant Signature Date

Quinault Language Class

*If you are re-applying, please skip this page

CLASSROOM EXPECTATIONS

1. **We will respect each other.**
2. **We will use positive language.**
3. **We will respect our speakers.**
4. **Absolutely no electronics (cell phones, iPod, tablets, etc.) will be allowed in the classroom**
5. **Two consecutive missed classes will discharge you/your family from class.**
6. **Throughout the ten-week period, if you are absent for three classes, you/your family will be discharged from the class.**

I understand and will abide by Language Classroom expectations-

_____

Participant

_____

Participant

_____

Participant

_____

Participant

_____

Participant

_____

Participant

_____

Participant

Quinault Language Class

1. **Please indicate 1st, 2nd, and 3rd preferences for the time and day of class.**

Example:

	Monday	*Tuesday*	*Wednesday*
10:30-11:10			
11:30-12:10			
1:00-1:40			
2:00-2:40			
3:00-3:40			***3rd preference***
4:00-4:40	***2nd preference***		
5:00-5:40	***1st preference***		

	Monday	Tuesday	Wednesday
10:30-11:10			
11:30-12:10			
1:00-1:40			
2:00-2:40			
3:00-3:40			
4:00-4:40			
5:00-5:40			