

THE JAPANESE-AMERICAN SOCIETY of NEW JERSEY

304 Main Street, 2nd Floor, Fort Lee, New Jersey 07024

TEL: (201) 461-5133 E-mail: info@jasofnj.com

PRIVATE/SEMI-PRIVATE LESSONS

PRIVATE / SEMI-PRIVATE LESSON FEES

No. of Hrs (60min.) Registered	Private	Semi-Private (2-3persons)	Valid For
Trial session (1 Hr)*	\$55/Hr.*	\$37/Hr./person*	-
10 Hrs	\$60/Hr.	\$40/Hr./person	3 months
25 Hrs	\$57/Hr.	\$37/Hr./person	6 months
50 Hrs	\$55/Hr.	\$35/Hr./person	12 months

The Lesson Fees exclude Tax. * Trial sessions are available for in-person class only, not available for online classes.

❖ LESSON SUBJECTS/CONTENTS

We offer Japanese, French, Spanish, and Korean classes. The curriculum will be designed by you. Choose from conversation practice, vocabulary, grammar, conversation for traveling overseas, exams, e.g. JLPT preparation, writing business letters or research papers, etc. Just let us know what you would like to learn as much as possible when registering.

❖ LESSON HOURS

- Monday~Friday from 9am~8pm, Saturday from 9am~4pm
- Private & Semi-Private lessons may be arranged during non-operating business hours.

❖ OTHER FEES

Registration is required. Please refer to the information about our membership program. Choose your type of membership and make your payment at signing. Materials (books) for each class may vary; payment of materials is required on the first day of class if necessary.

❖ LESSON CANCELLATION POLICY

For cancellations and re-scheduling please be sure to email the office 24 hours in advance. Same day cancellations are non-refundable. If you have a Monday class, be sure to email by Saturday.

❖ HOW TO REGISTER

Email or Call us at (201) 461-5133 or visit our office (at the address above).

Bank checks and cash are acceptable as well as most credit cards (AMEX/Visa/MasterCard, etc)

Private/Semi-Private Lesson Application Form

Choose Lesson Type & Package:

Private Semi-Private Lesson Package: 10hr 25hr 50hr _____ hours

Choose a Language:

Japanese French Spanish Korean Chinese

Name: _____ D.O.B.: ____ / ____ / ____

Name of guardian (if under 18 years old): _____ Phone number: _____

I hereby have read all the regulations on taking the lessons of the JAS of NJ, and understand the non-refundable policy that obtains to me. I acknowledge it's my responsibility to attend classes I have paid for.

Signature _____ Date ____ / ____ / ____

Preferred Times:

1. Day: _____ Times: _____ ~ _____ How Many Hours: _____

2. Day: _____ Times: _____ ~ _____ How Many Hours: _____

3. Day: _____ Times: _____ ~ _____ How Many Hours: _____

Is there anything else you like us to know about your level, goals, etc.? Please explain on back.