



*French Saturday School*  
**Ecole Française du Samedi**  
Academic year 2018 - 2019

**Student's info:**

First name:.....Last name.....  
 DOB: Month:.....Day.....year..... Age in next September .....  
 Grade in US school next September.....  
 Address.....  
 .....  
 City..... Zip code.....

**Mother's info**

Name ..... First name .....  
 Cell ..... Home phone.....  
 Language spoken with the mother  
 1)..... 2).....  
 email.....

**Father's info**

Name ..... First name.....  
 Cell.....Home phone.....  
 Language spoken with the father  
 1).....2).....  
 email.....

**Picture release authorization form:**

I authorize French Saturday School / Language Academy to release pictures of my child(ren) on the website, Facebook page, youtube or any support related to the school.  
 NO name will be associated with picture. YES NO Please circle

Signature1.....Signature 2.....



## *French Saturday School*

Please send this form with a \$250 non refundable check per child. Reservation is only confirmed upon payment. Application after the deadline June 30th, 2018 will be reviewed on a space-available basis. Tuition and fees are not refundable under any circumstances.

<b>Tuition 2018 - 2019</b>	Please circle
Frais administratifs: un par famille / Administration Fee: one per family	\$200
<b>Classes du samedi / 35 classes / 42 semaines de devoirs organisés: Rattrapage des cours manqués occasionnellement le dernier jeudi du mois (9 cours max)</b>	
<b>Classe de Maternelle / Maternelle class:</b> enfants de 3 à 6 ans. 2 options for children aged 3 to 6 years old. <b>Maternelle French time:</b> 9am -10am <b>Maternelle Class:</b> 10am to 12 am - PS MS GS	\$490 \$2500
<b>Classes d'élémentaire:</b> CP - CE1 - CE2 - CM1 - CM 9am to 12:15 pm	\$2990
<b>Classes du collège:</b> from 9am to 12pm 6ème - 5ème - 4ème - 3ème	\$3300
<b>Programme + (samedi +Jour choisi):</b> .....	\$4500
<b>10 French workshops</b> (\$30 unit price) from 12:10pm to 2pm	\$250
<b>Classes en semaine / Weekly classes from 4pm to 6pm</b>	
<b>Mardi / jeudi - Tuesday / Thursday</b> Maternelle / PS - GS - GS	\$3400
<b>Mardi / jeudi - Tuesday / Thursday</b> CE1-CE2-CM1-CM2	\$3400
<b>Mercredi / vendredi - Wednesday / Friday</b> CP	\$3400
<b>Mercredi / vendredi - Wednesday / Friday</b> Second language classes	\$3400
<b>Mercredi / vendredi - Wednesday / Friday</b> 6ème - 5ème - 4ème - 3ème	\$3400
<b>Second language classes on Saturday morning 9am to 12pm</b>	\$2990

5% discount for second child 7% for third child. Installment payments on request.

\$50 discount each child, for registration before May 15, 2018

Signature 1 ..... Signature 2.....

Checks are payable to **French Saturday School.**

[www. the languageacademynj.org](http://www.theacademynj.org)

FSS PO Box 573 Succasunna, NJ 07876 Phone: 862-266-9716



*French Saturday School*

French Saturday School Academic year / summer camp

Student's first name.....Last name.....

Date of birth M..... D..... Y..... Age:..... Sex: F M

Emergency contact phone number.....Name.....  
(Please write clearly)

Allergies and know medical conditions:.....  
.....  
.....

**Medical release:**

I hereby release, discharge and - or otherwise indemnify Language Academy (LA) / French Saturday School (FSS), its affiliated Organisations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the program, against any claim by or on behalf of the student's participation in the school.

My child has received a recent physical examination by a physician and I have disclosed any and all know medical conditions to the French Saturday School. Therefore, I grant The French Saturday School permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I give permission to have my child receive first aid by the French Saturday School staff and, if necessary, be transported to receive emergency care. I consent for the emergency contact person listed above to act on my behalf until I am available. I understand that I will be contacted immediately should my child require urgent medical attention.

In the event that I can not be reached, I give permission to the authorities of LA / FSS to seek emergency treatment at the nearest hospital. I also assume financial responsibility for any medical treatment for my child. I understand that I will be responsible for all charges not covered.

Primary doctor's name.....phone.....

Insurance Information: Name.....  
Policy #:.....Phone.....

Signatures .....Date.....