



French Saturday School
Ecole Française du Samedi
Academic year 2019 - 2020

Student's info:

Last name:.....First name.....
DOB: Month:..... Day..... Year..... Age in next September
Grade in US school next September.....Name of school.....
Address.....
.....
City..... Zip code.....
French as first language: yes - no - French as second language: yes - no

Mother's info

Last name First name
Cell Home phone.....
Language spoken with the mother
1)..... 2).....
Email.....
Employer's company name.....

Father's info

Last name First name.....
Cell.....Home phone.....
Language spoken with the father
1).....2).....
Email.....
Employer's company name.....

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 other media support related to the school.
NO name will be associated with picture for privacy. **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 May 15th, 2019 will be reviewed on a space-available basis.

Tuition 2019 - 2020	Please circle
Administration Fee: one per family	\$200
Saturday / 35 classes Makeup classes for elementary classes on Thursday or Friday Makeup classes for Maternelle on Friday only	
Classe de Maternelle / Maternelle class: Children aged 3 - 6. 2 options for children aged 3 to 6 years old.	\$190
- Maternelle French time: 9am -10am (this class can only be taken in addition to the main Maternelle class from 10am- 12pm)	
- Maternelle Class: 10am to 12 am - PS - M - GS	\$2800
All levels CP- CE- CM	\$2990
6EME - 5EME - 4EME-	\$3100
10 French workshops from 12:10pm to 2pm (individual class: \$30)	\$250
Weekly classes once per week from 4pm to 6:15pm	
Thursday	Elementary classes CP CE CM \$2800
Friday	Maternelle / PS - GS - GS 3 to 6 years old \$2800 Elementary classes CP-CE-CM -6eme-5eme
Friday classes from 6pm to 7:30 pm AP- IB - SAT Prep - Session of 5 classes	\$400
Mommy/ Daddy and me classes - No condition of age - one parent per child. Friday morning from 9:30am to 10:30am / Session of 3 classes.	\$150
TOTAL (Registration fee + tuition - eventual siblings discount)

5% discount for second child 10% for third child. Installment payments on request. \$50 discount each child, for registration before April 15, 2019 and full payment. Tuition and fees are not refundable under any circumstances. **Checks are payable to French Saturday School.**

Signature 1 Signature 2.....



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 Organizations 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.....

SignaturesDate.....