



French Saturday School
Ecole Française du Samedi
Academic year 2020 - 2021

Student's information:

Last name: _____ First name: _____

D.O.B: Month: _____ Day: _____ Year: _____ Age next September: _____

Address: _____

City: _____ Zip code: _____

Grade in US school next September: _____ Name of school: _____

(Please circle) French as first language: yes no French as second language: yes no

Guardian 1

Last name: _____ First name: _____

Cell: _____ Home phone: _____

Language spoken with guardian 1:

1) _____ 2) _____

Email: _____

Employer's company name: _____

Guardian 2

Last name: _____ First name: _____

Cell: _____ Home phone: _____

Language spoken with guardian 2:

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 a picture for privacy. **YES - NO** (Please circle)

Signature1: _____ Signature 2: _____

info@ecolefrancaisedusamedi.org / www.the.languageacademynj.org / Phone: 862-266-9716

Facebook.com/frenchsaturdayschool / Mail to: FSS PO Box 573 Succasunna, NJ 07876



French Saturday School

Please send this form with a \$250 non-refundable check per child. Reservation is only confirmed upon payment.
Due to Covid- 19, the number of students per class will be reduced (two sessions will be offered) and strong hygienic measures will be taken during the school year.

Application after the deadline June 30th, 2020 will be reviewed on a space-available basis for each session.

Tuition 2020 - 2021	Please circle	Please circle
<u>Administration Fee</u> : one per family		\$200
Saturday / 35 classes: 2 options for CP and up		
Classe de Maternelle / Maternelle class: Children aged 3 - 6.	Story time 8:30 AM to 9:30 AM French Class 9:30 AM - 11.30 AM	\$150 \$2800
All levels CP and up:		
Session 1:	Gram/conj/voc / Lecture 8:30 AM to 10:30 AM Culture générale 10:30 AM to 11:30 AM	\$2800 \$150
Session 2	Culture générale 10:30 AM to 11:30 AM Gram/conj/voc / Lecture 11:30 AM to 13:30	\$150 \$2800
6EME and up	8:30am to 10:30am / or 10:30am to 1:30pm Addition optional class (Culture générale) 10:30am to 11:30am / or 1pm to 1:30pm	\$3000 \$150
10 French workshops Session 1: 11:30am to 13:30pm (individual class: \$30) Session 2: 1:30 to 3pm		\$250
Weekly classes once per week from 4 PM to 6 PM		
Thursday Elementaire - college - Elementary -Middle school	4 PM- 6 PM	\$2800
Thursday College- lycée - Middle school- high school student AP- IB - SAT Prep	6:15 to 8 PM	\$2800
Friday Maternelle / PS - GS - GS 3 to 6 years old Elementary classes/ Middle school CP-CE-CM -6eme-5eme	4 PM to 6 PM 6 PM to 7:45 PM	\$2800
TOTAL (Registration fee + tuition - eventual siblings discount)	

5% discount for second child 10% for third child. Installment payments on request. \$100 discount each child, for registration before May 30th 2020 and full payment. Tuition and fees are due for the entire year and not refundable under any circumstances. **Checks are payable to French Saturday School.**

Signature 1: _____ **Signature 2:** _____

Date: _____



French Saturday School Academic year 2020-2021

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 condition:

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 by their own insurance.

Primary doctor's name: _____ **Phone:** _____

Insurance Information: Name _____

Policy #: _____ **Phone:** _____

Signature: _____ **Date:** _____