



Ecole Française du Samedi
Academic year 2021 - 2022

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)

Signature 1: _____ 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



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 and strong hygienic measures will be taken during the school year. Application after the deadline March 30th, 2021 will be reviewed on a space-available basis.

5% discount for second child 10% for third child. Installment payments on request.

\$100 discount per child, for registration before March 30th 2021.

Tuition and fees are due for the entire year and not refundable under any circumstances.

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

Tuition 2021 - 2022	Please circle	Please circle
Administration Fee: one per family		\$200
Saturday / 35 classes: September to June.		
Classe de Maternelle / Maternelle classe: Children aged 3 - 6. French Class 8:30 AM - 10.30 AM Additional French time 10:30 AM to 11:30 AM		\$2,800 \$150
Classe de CP/ Grade 1 French Class 8:30 AM - 10.30 AM Additional French time 10:30 AM to 11:30 AM		\$2800 \$150
CE1 et + / Ce1 and up French class: 11:30 am - 2:30pm		\$2990
Weekly classes: 4 PM to 6 PM		
Thursday Elementaire - college / Elementary -Middle school 4 PM- 6 PM		\$2800
Friday Maternelle / PS - GS - GS 3 to 6 years old 4 PM to 6 PM		\$2800
Discount (5% or 10% for siblings, registration before March 30th...)		-
TOTAL (Registration fee + Tuition - Eventual siblings discount...)		

Signature 1: _____ Signature 2: _____

Date: _____



French Saturday School Academic year 2021-202

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:** _____