

# The Language Workshop for Children • Summer 2010

## ENROLLMENT FORM • MONTCLAIR . MADISON . RIDGEWOOD . MANHASSET

### CHILD(REN)

\_\_\_\_\_

Last Name . Child 1                      First Name                      Gender                      Date of Birth                      Age at Start

### PARENT(S)

PLEASE COMPLETE EVEN IF YOU WERE WITH US IN PRIOR SESSIONS. THANK YOU.

\_\_\_\_\_

Parent Last Name                      First Name                      Business/Day Phone                      Home Phone                      Cell Phone

\_\_\_\_\_

Parent Last Name                      First Name                      Business/Day Phone                      Home Phone                      Cell Phone

\_\_\_\_\_

Street / Apartment                      City                      State                      Zip Code

**PARENT EMAIL ADDRESS** \_\_\_\_\_ **PRINT CLEARLY, IMPORTANT FOR COMMUNICATION**

**BEFORE FAXING, MAILING, OR SCAN/EMAILING FORM, PLEASE CALL THE LWFC TO CHECK AVAILABILITY TO PLACE A 3-DAY HOLD**

Please return both pages of this form and **sign the second page.**

NAME	LANGUAGE	PROGRAM	CLASS DATES TO BE ATTENDING	DAY(S) TIME(S)	LOCATION
CHILD  _____	<input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Italian	<input type="checkbox"/> Tots Class <input type="checkbox"/> Children's Class <input type="checkbox"/> Camp-Like Enrichment	1 _____	<b>Class 1</b> Day    Time  _____ / _____	<input type="checkbox"/> Montclair <input type="checkbox"/> Madison <input type="checkbox"/> Ridgewood <input type="checkbox"/> Manhasset
			2 _____		
			3 _____		
			4 _____		
			5 _____		
			6 _____		
			7 _____		
			8 _____		
			9 _____		
			10 _____		
			11 _____		
			12 _____		
	<input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Italian	<input type="checkbox"/> Tots Class <input type="checkbox"/> Children's Class <input type="checkbox"/> Camp-Like Enrichment	1 _____	<b>Class 2</b> Day    Time  _____ / _____	<input type="checkbox"/> Montclair <input type="checkbox"/> Madison <input type="checkbox"/> Ridgewood <input type="checkbox"/> Manhasset
			2 _____		
			3 _____		
			4 _____		
			5 _____		
			6 _____		
			7 _____		
			8 _____		
			9 _____		
			10 _____		
			11 _____		
			12 _____		

Is another child from the same family enrolling in Summer 2010? If Yes, Child's Name \_\_\_\_\_

Is child above a:     Returning Student     New Student,

Does this child need medication administered or have allergies potentially affecting his health while at the LWFC?     Yes     No

**SUMMER 2010 ENROLLMENT POLICIES**  
**MONTCLAIR . MADISON . RIDGEWOOD . MANHASSET**

**MAKE-UPS/ATTENDANCE.** We will extend our best efforts but cannot guarantee that we can accommodate a make-up over the Summer session. We regret that no refunds or school credits are made to compensate for non-attendance. We cannot guarantee that we can accept a child arriving on a day that he or she is not enrolled.

**SEPARATION/TOILET TRAINING.** Parents represent that a child enrolled in a Children's Class or Camp-Like Enrichment program is able to separate and is toilet trained. In the event that a child is not adjusted to separation or toilet trained a responsible caregiver must remain on premises. No refunds or school credits are made to compensate for separation or toilet training issues.

**PERSONAL ITEMS.** Parents assume all liability for loss or damage to personal items brought to the premises.

**MEDICAL CONDITIONS:** Parents of children who require any type of special medical care are advised that LWFC staff will not administer medical treatment. The LWFC requires that a parent or caregiver of any child requiring special medical attention stay outside the classroom in the event that a drug or other treatment may become necessary.

**CLASS TIME CHANGE.** We may need to revise your class ahead or behind by 10 minutes.

**TEACHER.** We cannot guarantee that your class will be taught by a particular teacher.

**EMAIL COMMUNICATIONS.** The LWFC confirms classes and sends communications about enrollments, scheduling, calendar changes, session dates, and programs via email from ThibautTechnique.com. Parents are responsible for facilitating receipt of LWFC emails. The LWFC is not responsible for lost communications in the event that its emails are not opened, not read, diverted to spam, or the recipient unsubscribes to LWFC communications.

**CALENDAR.** Parents are responsible for making a copy of this enrollment form, knowing their start and end dates, agreed classes to be attending, holidays, and for periodically visiting the CALENDARS link on the LanguageWorkshopForChildren.com, reviewing their enrollment confirmation or calling the LWFC.

**SCHEDULING.** The LWFC has changed its Summer 2010 scheduling for classes in NJ-LI.

Prior to 05/13/10. The Summer Session was divided into three four-week parts and parents agreed to attend the parts specified on the form submitted at the time of enrollment.

After 05/13/2010: The Summer Session is divided into 12 weeks. Parents agree to attend the weeks and classes specified on page one of this form. The LWFC cannot guarantee that a child will be admitted on a day/time not specified on this form.

**DISCOUNTS.**

- **Sibling Discount.** The LWFC will deduct 10% from tuition paid for the second and third sibling from the same family.
- **Additional Class.** The LWFC will deduct 20% from tuition paid toward an additional class enrolled in the same week for the same child (in the same or different language).

**PAYMENTS.** The LWFC accepts personal checks (made payable to "Language Workshop for Children"), American Express (AMEX), VISA, Mastercard, and Discover ("credit card"), money orders, or cash. Ten days before a session starts personal checks are no longer accepted. The LWFC reserves the right to charge the card below for any class attended in excess of those specified on page one of this form.

**CLASS CHANGE.** During the Summer Session a request to change class day/time must be received **with at least two weeks notice.** The LWFC cannot guarantee that a request to change class day/time can be accommodated. Please send such requests by email to enrollment@thibauttechnique.com or by fax to 212/396-1372. Please do not call in your request. **The LWFC charges a \$25 change fee for each change.**

**REFUNDS.** This enrollment has been received after 05/14/10 therefore all tuition received is non-refundable. No refund or school credit granted for any reason in the event a child stops attending classes.

**AGREEMENT, PLEASE SIGN.**

I have read and agree to the policies above. I understand that no refunds or school credits are granted after 05/14/10 for any reason and that the LWFC charges a \$50 Withdrawal/Cancellation Fee and a \$25 Class Change Fee.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT CARD AUTHORIZATION.** If paying by credit card please complete below:

Cardholder Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Security Code \_\_\_\_\_