

The Language Workshop for Children *Le Club des Enfants . El Club de Los Niños*

SUMMER CAMP-LIKE ENRICHMENT PROGRAM . ENROLLMENT FORM . SUMMER 2010

CHILD(REN)

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

 Last Name . Child 2 First Name Gender Date of Birth Age at Start

PARENT(S)

PLEASE COMPLETE ALL SECTIONS, EVEN IF YOUR CHILD WAS WITH US BEFORE. THANK YOU.

 Parent Last Name First Name Busn-Day Phone Home Phone Cell Phone

 Parent Last Name First Name Busn-Day Phone Home Phone Cell Phone

Parent Email Address _____ **PRINT VERY CLEARLY, IMPORTANT**

 Street / Apartment City State Zip Code

**BEFORE FAXING, MAILING, OR SCAN/EMAILING FORM, PLEASE CALL THE LWFC TO CHECK AVAILABILITY + PLACE A 3-DAY HOLD
 Please return all four pages and sign the last page**

Child 1 Name: _____

Check Language

French
 Spanish

Check Days

2-Days Tues-Thurs
 3-Days Mon-Wed-Fri
 5-Days Mon-Tues-Wed-Thurs-Fri

Check Weeks and Program

		<u>Morning</u>	<u>Afternoon</u>
Week 1	06/14-06/18	<input type="checkbox"/>	NA
Week 2	06/21-06/25	<input type="checkbox"/>	NA
Week 3	06/28-07/02	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	07/05-07/09*	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	07/12-07/16	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	07/19-07/23	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	07/26-07/30	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	08/02-08/06	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	08/09-08/13	<input type="checkbox"/>	<input type="checkbox"/>
Week 10	08/16-08/20	<input type="checkbox"/>	<input type="checkbox"/>

Child 2 Name: _____

Check Language

French
 Spanish

Check Days

2-Days Tues-Thurs
 3-Days Mon-Wed-Fri
 5-Days Mon-Tues-Wed-Thurs-Fri

Check Weeks and Program

		<u>Morning</u>	<u>Afternoon</u>
Week 1	06/14-06/18	<input type="checkbox"/>	NA
Week 2	06/21-06/25	<input type="checkbox"/>	NA
Week 3	06/28-07/02	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	07/05-07/09*	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	07/12-07/16	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	07/19-07/23	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	07/26-07/30	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	08/02-08/06	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	08/09-08/13	<input type="checkbox"/>	<input type="checkbox"/>
Week 10	08/16-08/20	<input type="checkbox"/>	<input type="checkbox"/>

My child is enrolled for Monday, 07/05. Please compensate me by:

- Deducting one day's tuition,
- Contacting me to schedule a mutually convenient make-up.

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ENROLLMENT FORM - SUMMER 2010 . Page 2 of 4

LANGUAGE BACKGROUND

Child 1

Is English your child's first language? Yes No

If no, can your child speak English? Yes No

What other language(s) does he or she speak? _____

Child 2

Is English your child's first language? Yes No

If no, can your child speak English? Yes No

What other language(s) does he or she speak? _____

ROUTINE MEDICAL TREATMENT

I instruct the LWFC to do the following in the event that my child(ren) need routine medical assistance:

May Administer May Not Administer

Children's Tylenol

Wound Cleaning With Hydrogen Peroxide

Routine Bandaging

MEDICAL CONDITIONS

Child 1

Has Allergies. Specify and advise: _____

May require routine or non-routine medication and/or other special medical attention. Specify and advise: _____

PLEASE BE ADVISED THAT THE LWFC REQUIRES A PARENT-DESIGNATED CAREGIVER TO REMAIN ON PREMISES TO ATTEND TO A CHILD WHO MAY REQUIRE MEDICATION ADMINISTERED OR MAY NEED SPECIAL MEDICAL ATTENTION.

Food Restrictions (in addition to allergies listed above). Specify and advise: _____

Other Special Needs (mobility issues, naps, habits, family circumstances). Specify and advise: _____

Child 2

Has Allergies. Specify and advise: _____

May require routine or non-routine medication and/or other special medical attention. Specify and advise: _____

PLEASE BE ADVISED THAT THE LWFC REQUIRES A PARENT-DESIGNATED CAREGIVER TO REMAIN ON PREMISES TO ATTEND TO A CHILD WHO MAY REQUIRE MEDICATION ADMINISTERED OR MAY NEED SPECIAL MEDICAL ATTENTION.

Food Restrictions (in addition to allergies listed above). Specify and advise: _____

Other Special Needs (mobility issues, naps, habits, family circumstances). Specify and advise: _____

Le Club des Enfants . El Club de Los Niños

ENROLLMENT FORM - SUMMER 2010 . Page 3 of 4

FAMILY PHYSICIAN

Physician Name _____
Phone

I authorize the LWFC to obtain necessary emergency medical assistance, including hospital emergency room treatment, for my child(ren) with the understanding that our family will be notified as soon as possible.

Parent Signature

NON-PARENT EMERGENCY CONTACT

Name _____
Day Phone _____
Home Phone

PICK-UP AUTHORIZATION (IN ADDITION TO PARENTS).

The following individuals are authorized to pick-up my child(ren):

Name _____
Address _____
Phone

Name _____
Address _____
Phone

Name _____
Address _____
Phone

If a person not listed above arrives to pick-up your child(ren), the LWFC may first need to locate and speak to a parent before dismissing them.

PHOTOGRAPHS . VIDEOS

On occasion children may be part of a photograph or videotape taken during the program day or a birthday party. So, at some point they may appear in a photograph seen by others. If you do not want your child(ren) to appear in a photograph or videotape, please indicate this in the box below.

Please do not photograph or videotape my child(ren).

Le Club des Enfants . El Club de Los Niños

ENROLLMENT FORM - SUMMER 2010 . Page 4 of 4

SCHEDULING. Headcount is limited so the LWFC cannot accept a child arriving on a day that he or she is not enrolled.
MAKE-UPS. The LWFC will make its best efforts (but cannot guarantee) up to two make-ups. No refunds or school credits are made to compensate for absences for which we cannot schedule a make-up. Parents enrolled for July 5th may schedule a compensatory make-up on an available day or have one-day deducted from their tuition (call for amount).
SEPARATION/TOILET TRAINING. Parents represent that their child can separate and is toilet trained. In the event that a child is not adjusted to separation or toilet trained, a caregiver must remain on the premises to assist with the child. 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. Instead a parent or caregiver of such a child must remain on premises to be prepared manage care in the event that a drug or other treatment may become necessary.

DISCOUNTS/PAYMENTS

- **Early Enrollment:** Deduct 15% before 02/15/10 and 10% before 03/15/10 from enrollments received with payment. Parents forfeit the value of their early enrollment discount if their balance remains unpaid past 04/05/10.
- **Sibling.** Deduct 10% from the lowest tuition for the 2nd and 3rd siblings enrolled.
- **Additional Class.** After meeting minimum enrollment requirements, deduct 20% from tuition paid toward an additional summer camp-like enrichment program (or class) for the same child in another language.
- Children are not admitted into the program until their tuition is paid in full.

PAYMENTS

- **Before 04/05/10:** Parents may either pay a \$300 deposit per child or full tuition.
- **After 04/05/10:** Tuition is due in full for balances and new enrollments. Balances are automatically charged to cards.
- The LWFC accepts personal checks (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.

CHANGES AND WITHDRAWALS

- The LWFC charges a \$25 Change Fee and/or a \$50 Withdrawal/Cancellation Fee.
- Requests to change dates must be received **at least two weeks prior to the requested date.** Requests to change and withdraw must be made **in writing** via email to Enrollment@ThibautTechnique.com or fax to 212/396-1372.

REFUNDS AND SCHOOL CREDITS.

- A school credit is not a credit to a credit card. A credit to a credit card is a refund. A school credit can be used for the same child, a sibling, transferred to a friend not presently or previously enrolled at the LWFC, converted to a school donation or personal gift certificate, or redeemed for Professor Toto products.
- **Before 04/05/10:** If you withdraw, we refund 100% of payments made less a \$50 Withdrawal/Cancellation fee.
- **04/05/10 to 05/03/10:** If you withdraw, we issue a school credit less a \$50 Withdrawal/Cancellation fee.
- **After 05/03/10:** All tuition received is non-refundable, and no refund or school credit is granted for any reason for a withdrawal.

AGREEMENT, PLEASE SIGN.

I have read and agree to the policies above. I understand that **no refunds are granted after 04/05/10** for any reason and that the LWFC charges a \$50 Withdrawal/Cancellation 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 _____

FOR LWFC USE

Total Tuition Due \$ _____ Note _____

Less Discounts/Comps _____ Note _____

Net Due _____ Note _____

Paid _____ Date _____ Note _____

Balance _____ **Due by 04/05/10** Note _____