

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

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**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).**

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**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 \_\_\_\_\_