

The Language Workshop for Children

NYC CAMP-LIKE ENRICHMENT PROGRAM . ENROLLMENT FORM . SUMMER 2012

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 2-DAY HOLD
Please return all four pages and sign the last page

Child 1 Name: _____

Check Language French
 Spanish
 Chinese

Check Days

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

Check Weeks and Program

		Morning	Afternoon
Week 1	06/11-06/15	<input type="checkbox"/>	NA
Week 2	06/18-06/22	<input type="checkbox"/>	NA
Week 3	06/25-06/29	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	07/02-07/06 *	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	07/09-07/13	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	07/16-07/20	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	07/23-07/27	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	07/30-08/03	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	08/06-08/10	<input type="checkbox"/>	<input type="checkbox"/>
Week 10	08/13-08/17	<input type="checkbox"/>	<input type="checkbox"/>

Child 2 Name: _____

Check Language French
 Spanish
 Chinese

Check Days

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

Check Weeks and Program

		Morning	Afternoon
Week 1	06/11-06/15	<input type="checkbox"/>	NA
Week 2	06/18-06/22	<input type="checkbox"/>	NA
Week 3	06/25-06/29	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	07/02-07/06 *	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	07/09-07/13	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	07/16-07/20	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	07/23-07/27	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	07/30-08/03	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	08/06-08/10	<input type="checkbox"/>	<input type="checkbox"/>
Week 10	08/13-08/17	<input type="checkbox"/>	<input type="checkbox"/>

My child is enrolled on Wednesday, 07/04 when the LWFC is closed. Please compensate me by:

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

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ENROLLMENT FORM - SUMMER 2012 . Page 2 of 4

LANGUAGE BACKGROUND

Child 1

Is English your child's first language? Yes No

If not, 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 not, can your child speak English? Yes No

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

ASSISTANCE

I do or do not want the LWFC to give my child the following as necessary

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 we may not be able to admit a child arriving on a day that he/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. SEPARATION/TOILET TRAINING. Parents represent that their child can separate and is toilet trained. PERSONAL ITEMS. Parents assume all liability for loss or damage to personal items brought to the premises. MEDICAL CONDITIONS: Parents of children who may require medical care are advised that LWFC staff will not administer medical treatment.

DISCOUNTS/PAYMENTS

- Early Enrollment: If we receive your enrollment (with full tuition or a \$300 deposit) before the deadline we deduct the stated discount from your tuition. Save 25% before 02/01/12, 20% before 03/01/12, 15% before 04/01/12 and 10% before 05/01/12. Sibling. Deduct 10% from the lowest tuition for the 2nd and 3rd siblings enrolled. Additional Class. After meeting minimum enrollment requirements, we deduct 20% from tuition paid toward an additional summer camp-like enrichment program taken in the same week or part for the same child.

PAYMENTS

- Before 04/02/12: Parents may either pay a \$300 deposit per child or full tuition. After 04/02/12: Tuition is due in full for remaining balances and new enrollments. The LWFC accepts personal checks (payable to "Language Workshop for Children"), American Express (AMEX), VISA, Mastercard, and Discover ("credit card"), money orders, or cash.

CHANGES AND WITHDRAWALS

- The LWFC charges a \$25 Class Change or Withdrawal/Cancellation Fee. Requests to change and withdraw must be made in writing via email to Enrollment@ThibautTechnique.com or fax to 646/619-4082.

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 04/02/12: If you withdraw, we refund 100% of payments made less a \$25 Withdrawal/Cancellation fee. 04/02/12 to 05/01/12: If you withdraw, we issue a school credit less a \$25 Withdrawal/Cancellation fee. After 05/01/12: After this date payments are non-refundable, and no refunds or school credits are granted for any reason.

AGREEMENT. PLEASE SIGN BELOW.

I have read and agree to the policies above. I understand that no refunds are granted after 04/02/12 for any reason and that the LWFC charges a \$25 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 04/02/12 Note _____