

Summer Camp Registration Form

(one per child)



Date

Student's Name Age & Grade Male / Female

Address

City/State/Zip

Home Phone Email

Parent's Name Cell

Home Phone

Physician's Name Physician's Phone

Medical Conditions which may require attention, ie. allergies, medications, physical impairment

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Special Learning Needs - please be specific

In Case of an Emergency Please Notify:

Name Phone Address

Please check one: New Student Continuing Student

Previous French Experience

How did you hear about us? Friend Advertisement County Kids
 Kids Events Flyer Other

Camp Location

T-Shirt Size

Please use the tuition helper on the backside to calculate your total.

<p><u>I am interested in Franc-O-Fun calling me about:</u></p> <p><input type="radio"/> planning a French birthday party in the future</p> <p><input type="radio"/> Future Trips to France</p>	<p><u>Free Offerings:</u></p> <p>I would also like to register my child to attend:</p> <p><input type="radio"/> A Franc-O-French Storytime at a local library (see website for dates)</p>
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Franc-O-Fun staff reserves the right to remove a child from the program that is causing harm to others, is repeatedly disruptive or whose learning challenges require excessive individual attention. A tuition refund will be pro-rated.

I give permission for my child to participate in Franc-O-Fun French classes and I agree that Franc-O-Fun is not responsible and may not be held liable if my child has an injury during the time he/she is at French class.

Parent Signature

Date

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