

French For Fun



Summer

2010

Registration Form Reading Workshop

Beginner Reader

July 12, 13, 14, 15 / 19, 20, 21, 22
1:00 pm – 3:00 pm

Child's name _____ DOB _____

Address _____

City _____ Zip _____

Home Phone _____ Cell phone _____

Parent's Name _____

Email _____ Emergency# _____

*Please check session(s) of your choice. Minimum of 8 students each week required. **Rate \$ 160/week/student***

Week 1 [] July 12, 13, 14, 15

Week 2 [] July 19, 20, 21, 22

Total = _____ weeks x \$160

Enclosed is check # _____ in the amount of \$ _____

I understand that there is **no refund** in the event our family schedule changes.
Please return your form as soon as possible. Merci !

Signature _____ Date _____