



Early Childhood Education Immersion Program
APPLICATION: _____ school year

License #073406645

Name of child _____ DoB _____ M/F _____

Home Address _____

City _____ Zip _____

Home Phone _____ Cell Ph. _____

E-mail address _____

Parent Names _____

Home Phone _____ Work Phone _____

Please check the program your child will attend:

Class	Ages	Time	Days/wk
<input type="checkbox"/> Petite Section	30. mo. – 3.5 years	9:00-11:00 a.m.	<input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Other _____
<input type="checkbox"/> Moyenne Section	4-5 years	9:00-12:00 p.m.	<input type="checkbox"/> 5 day <input type="checkbox"/> Other _____

Payment Method Preferred: _____ Single Payment Plan (Annual)
(Mark preference)

_____ Monthly Payments (9) w/Surcharge

Please attach the following items:

- 1.) **\$125** App / Lab Fee. (**\$150** two + children) Check# _____
- 2.) Tuition Deposit (See website for required amount)
Check# _____

I understand that these fees **are not refundable** and that it is my responsibility to notify French For Fun in writing (email or note) 30 days in advance should our plans change, whether it is before the school year starts or during the course of the year.

Tuition fees are based on the number of students per class (8 minimum), if there are fewer students the fee will be increased or classes combined, by the choice of the parents.

Authorized Signature _____ Date _____