

French For Fun



Summer

2010

Registration Form MORNING PROGRAM

TUE / WED / THU 9:00 am – 12 pm (noon)

Child's name _____ DOB _____

Address _____

City _____ Zip _____

Home Phone _____ Cell phone _____

Parent's Name _____

Email _____ Emergency# _____

*Please check sessions of your choice. Minimum of 8 students each week required. **Rate \$180/week/student***

Week 1 []	June 22, 23, 24	Week 6 []	July 27, 28, 29
Week 2 []	June 29, 30, July 1	Week 7 []	August 3, 4, 5
Week 3 []	July 6, 7, 8	Week 8 []	August 10, 11, 12
Week 4 []	July 13, 14, 15	Week 9 []	August 17, 18, 19
Week 5 []	July 20, 21, 22	Week 10 []	August 24, 25, 26

Total = _____ weeks x \$180

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 _____