

**French Solutions Inc. – Mailing Dept.**  
 2920 Major Mackenzie Dr. E  
 PO BOX 7025  
 Markham ON  
 L6C 0J1



**Program Location:**  
 Sir John A Macdonald P.S

**2017 REGISTRATION FORM  
 BACK TO SCHOOL PREP CLASS**

**Important** Please complete & forward to the above **left** address

	1 <sup>st</sup> child	2 <sup>nd</sup> child
<b>Name</b>		
<b>Age/ Grade in Sept 2017</b>		
<b>French Level</b> (Beginner French, Core French, French Immersion & Francophone)		
<b>Birth Date</b>		
<b>School Name</b>		
<b>Home Address</b>		
<b>Allergies, Medical information &amp; Health Ins. card# ( not required)</b>		

**Parent(s)/Guardian(s) Contact- Information**

<b>Name of Mother:</b>	<b>Home #:</b>  <b>Emergency #:</b>	<b>Email Address:</b>
<b>Name of Father:</b>	<b>Home # (if different from above):</b>  <b>Emergency #:</b>	<b>Email Address:</b>

**PAYMENT INFORMATION**

✓ Select the options below

	FRENCH LEVEL	WEEK SELECTION
CHILD #1	<input type="checkbox"/> <b>FRENCH IMM. GROUP</b> (Grades 1 to 6)  <input type="checkbox"/> <b>CORE FRENCH GROUP</b> (Grades 1 to 6)	<input type="checkbox"/> August 8 <sup>th</sup> - 11 <sup>th</sup> , 2017 (* 4 day week) \$280.00  and/or  <input type="checkbox"/> August 14 <sup>th</sup> - 18 <sup>th</sup> , 2017 \$350.00
CHILD #2	<input type="checkbox"/> <b>FRENCH IMM. GROUP</b> (Grades 1 to 6)  <input type="checkbox"/> <b>CORE FRENCH GROUP</b> (Grades 1 to 6)	<input type="checkbox"/> August 8 <sup>th</sup> - 11 <sup>th</sup> , 2017 (* 4 day week) \$266.00 (includes 5% discount)  and/or  <input type="checkbox"/> August 14 <sup>th</sup> - 18 <sup>th</sup> , 2017 \$332.50 (includes 5% discount)
Extended Hours - AM 8:00 – 9:00 am	<input type="checkbox"/> \$20 / short week <input type="checkbox"/> \$25 / full week  = \$ _____	<input type="checkbox"/> \$36 (family Rate) / short week <input type="checkbox"/> \$40 (family Rate) / full week  = \$ _____
Extended Hours - PM 4:00 – 6:00 pm	<input type="checkbox"/> \$36 / short week <input type="checkbox"/> \$45 / full week  = \$ _____	<input type="checkbox"/> \$48 (family Rate) / short week <input type="checkbox"/> \$60 (family Rate) / full week  = \$ _____
\$25 New student enrolment Fee (If applicable – one time administration fee for new registrants)	\$ _____ ( \$25 – if applicable )	\$ _____ ( \$25 – if applicable )
Total per child	\$ _____	\$ _____

<p><b>Total per family</b></p> <p>\$ _____</p>	<ul style="list-style-type: none"> <li>▪ NSF or returned cheques (for any reason) will have a surcharge of \$25.00</li> <li>▪ There will be no refund after June 1<sup>st</sup> 2017</li> <li>▪ Program hours are: 9:00 am to 4:00 pm - FULL DAY</li> </ul>
--	---

**GENERAL CONDITIONS**

**Payment:**

Payment is due before the beginning of the program. Cheques are payable to *French Solutions Inc.* The **non-refundable \$100.00 deposit per child** must accompany each application. A separate post-dated cheque for 06/01/2017 must also be attached to the application to cover the **remaining balance due. (Cost for the program - \$100.00 deposit per child = amount due).** **\*\*After June 1<sup>st</sup> 2017, application must be submitted with full payment. \*\***

**Program Hours:**

- Program hours are: 9:00 am - 4:00 pm
  - Extended hours are from: 8 am – 9 am or from 4:00 pm – 6:00 pm
- Late Fee: \$1/per minute after 4:15 pm or after 6:05 pm ( if registered in extended hours).

**Authorization:**

**Waiver of Claims & Indemnity:**

I give permission to the staff of *French Solutions Inc.* to arrange for any emergency medical care. In all cases, attempts will be made to contact the parent first. The participants are responsible for their own medical coverage. I hereby release the program organizers and the staff from all claims arising from the participation of any activity.

**Publicity:**

I give permission to *French Solutions Inc.* to take pictures of my child. These pictures will only be used for their online photo gallery which is password protected and only accessible to campers and their parents. \* Please check one.

- Yes, I agree to have my child’s picture taken.
- No, I do not agree to have my child’s picture taken.

**Note from the Director**

*French Solutions Inc.* reserves the right to withdraw your child from the program for any behavioural or health concerns that may cause harm to himself or others. Please note that there will be no refund.

We are not responsible for lost or stolen articles.

Every effort will be done to encourage a peanut free environment – however, we cannot guarantee it 100%. Parents, please pack nut-free snacks.

**All the above information is confidential and will remain for administrative purposes by *French Solutions Inc.* By completing this document, you are consenting that the information provided above is true and accurate.**

**I have read the general conditions and understand the terms of this contract.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date