

ENROLLMENT CONTRACT



**FAMILY NAME:** \_\_\_\_\_

Student(s) info				<i>For Office use only</i>
First name <i>Amount</i>	Date of Birth	Nationality	Class	Teacher
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
_____	__/__/__	_____	_____	_____
				Total:
Street address: _____				
City _____ State _____ Zip _____				

**Primary Contact:** \_\_\_\_\_

Street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

**Spouse Contact:** \_\_\_\_\_

Street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**EMERGENCY FORM**

For children student(s)

First name limitations	Physician Name	Phone Number	allergies/medication or
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Street address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Policy :

\_\_\_\_\_

Member ID #

\_\_\_\_\_

Group #

\_\_\_\_\_

As a parent or guardian of the minor named above, I agree that the faculty and staff of L' Ecole du Samedi shall stand in loco parentis during its activities and in the absence of me or another parent. This authority includes the right to authorize any and all medical treatment or surgical procedures which may, in the judgment of the person(s) in loco parentis, be necessary in a medical emergency.

POLICIES AND PHILOSOPHY

Policies and Philosophy

L' Ecole du Samedi aims to create a comfortable, interesting and engaging atmosphere in which children with French-speaking backgrounds or a desire to learn French may practice and perfect their language skills. Our courses enrich and challenge children of all proficiency levels from beginner to native because they include language instruction as well as culture and civilization components that draw from all subject disciplines.

Our goal at Ecole du Samedi is to provide a community in which all students and parents—native, non-native and non-French speakers—can benefit from a French-speaking environment and an enriching, challenging program for teaching French language and culture as well as reading, writing and other communication skills.

L' Ecole du Samedi admits students of any race, color, gender, religion, sexual identity, and national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. L' Ecole du Samedi does not discriminate on the basis of race, color, gender, religion, sexual identity, and national or ethnic origin in administration of its educational policies, employment practices, admission policies or other administered programs.

I understand that L' Ecole du Samedi will not tolerate harassment of students or employees based on race, color, sex, national origin, religion, age, sexual identity, disability, or any other reason. L' Ecole du Samedi strives to maintain an environment where students and employees can study, work and live without harassment.

I understand that L' Ecole du Samedi is dedicated to providing consistent, high quality French instruction to all students. In order to guarantee the course to all students who register, I understand that no tuition can be refunded.

I understand that if there are any behavioral issues with my child, that interfere with learning in his/her classroom, L'Ecole du Samedi has the right to pull my child from the program (at which time a refund will be given).

I understand the purpose and policies of L' Ecole du Samedi.

PARENT NAME PRINTED: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PAGE 3 OF 4**    **INITIAL** \_\_\_\_\_

ENROLLMENT CONTRACT

In consideration of the acceptance of this enrollment by l' École du Samedi (EDS), each of the undersigned (jointly and severally) agree to pay the full year's tuition specified below, less the

In consideration of the acceptance of this enrollment by l' École du Samedi (EDS), each of the undersigned (jointly and severally) agrees to pay the full year's tuition specified below, less the 75 \$ deposit. The tuition amount is due in full on or before August 20th.

Enrollment fee \$50 (per family)

Les bout'chous (3 years)	\$496	1:00h/ Saturday
Les Maternelles (4-5 years)	\$643	1:30 h/ Saturday
All other programs	\$958	2:30 h/ Saturday
Adult	\$740	1:15h/ Saturday

The payment of tuition is condition of enrollment. The Enrollment is binding on the parent(s) or legal guardian when signed and submitted to l' École du Samedi, but is subject to final acceptance by the School. The obligation to pay tuition for the full year is unconditional notwithstanding the subsequent absence for any reason of the student. It is understood that even though the tuition may be paid in two installments; this does not constitute a divisible contract. This Enrollment contract shall be interpreted in accordance with the laws of the State of North Carolina.

All past-due amounts shall be subject to an interest charge of 1.0% per month, calculated on the last day of each month. Any check returned by the bank will be subject to a \$30.00 processing fee. In the event of nonpayment on any amount due, l' École du Samedi may, in its sole discretion, deny enrollment in the School. In addition to all unpaid amounts and accrued interest charges, the undersigned shall pay all costs of collection, including reasonable attorney's fees, if amounts due are placed with or collected by an attorney at law.

L' École du Samedi reserves the right to place students in classes judged most appropriate for them.

**WAIVER OF LIABILITY:** It is expressly agreed that the participation by our child in any activities of l' École du Samedi, including but not limited to class, recess, dining, shall be undertaken at our child's risk. EDS, its servants, agents, end employees shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to us or our child or our property or our child's property arising out of, or connected with our child's being at the EDS.

We do hereby expressly forever release and discharge EDS, its agents, employees, and trustees from all such claims, demands, injuries, damages, actions or causes of action, and from all acts of active of passive negligence on the part of EDS, its agents, employees, or trustees.

I/We the parent(s) or guardian financially responsible for the above-named student, have read and understand the above contract, and will abide by the terms as stated.

Parent(s) Name: (print) \_\_\_\_\_

Parent(s) signature(s): \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_