

Le Club des Enfants . El Club de los Niños
Winterbreak Camp-Like Enrichment Program

ENROLLMENT FORM 2009

CHILD(REN)

Child 1: Last Name First Name Gender Date of Birth Age

PROGRAM [] French
 [] Spanish

DAYS Week 1 (Dec 21 to 24) [] Monday [] Tuesday [] Wednesday [] Thursday
 (Minimum of Any 3) Week 2 (Dec 28 to 31) [] Monday [] Tuesday [] Wednesday [] Thursday

Child 2: Last Name First Name Gender Date of Birth Age

PROGRAM [] French
 [] Spanish

DAYS Week 1 (Dec 22 to 24) [] Monday [] Tuesday [] Wednesday [] Thursday
 (Minimum of Any 3) Week 2 (Dec 29 to 31) [] Monday [] Tuesday [] Wednesday [] Thursday

PARENT(S)

 Last Name First Name Business/Day Phone Home Phone Cell Phone

 Last Name First Name Business/Day Phone Home Phone Cell Phone

 Email Address (**important:** pls write very clearly) Nanny Name Emergency Contact: Cell Phone

 Street, Apt Address City State Zip

ALLERGIES . MEDICAL CONDITIONS . REQUIRED MEDICATIONS . RESTRICTIONS

Does Child 1 or Child 2 need medication administered or have allergies potentially affecting his or her health while at the LWFC? [] Yes [] No

If yes, please detail _____

Are there any other medical conditions, restrictions or conditions affecting your child's well-being? _____

PLEASE READ REVERSE AND SIGN BELOW . UNSIGNED ENROLLMENTS NOT ACCEPTED . THANK YOU FOR YOUR ENROLLMENT

I have read and agree to the policies on the reverse. I understand that no refunds are granted after 11/21/08 and that the LWFC charges a \$50 withdrawal fee.

Parent Signature _____ Today's Date _____

If paying by credit card also complete the information below:

Cardholder Name _____ Amount \$ _____

Cardholder Signature _____ Security Code _____

Card Number: _____ Expiration Date _____

The Language Workshop for Children
 888 Lexington Ave. (at 66th St), NY, NY 10065
 Phone 212/396-1369 • 800/731-0830 • Fax 212/396-1372

ENROLLMENT POLICIES - *Winterbreak* 2009

MEDICAL CONDITONS. Parents of children who require any type of special medical care are advised that LWFC staff will not administer any type of medical treatment. The LWFC requires that a parent or caregiver of any child requiring special medical attention stay outside the classroom in the event that a drug or other treatment may be necessary.

MAKE-UPS. Some days fill so we cannot guarantee make-ups. But we will try to accommodate a make-up subject to availability.

SCHEDULING. The LWFC cannot guarantee that it can accept a child arriving on a day that he or she is not enrolled.

SEPARATION/TOILET TRAINING. Parents represent that their child can separate and is toilet trained. In the event that a child is not adjusted to separation or toilet trained, the LWFC may require a caregiver stay to help assist with the child. No refund or school credit will be made if a child cannot participate because of a separation issue.

PAYMENTS.

- Payments may be made by cash, check, American Express (AMEX), VISA, MasterCard or Discover ("credit card");
- After 12/14/09 personal checks are no longer accepted.
- After 11/20/09 payments made are non-refundable.

CHANGE-CANCELLATION-WITHDRAWAL REQUESTS/REFUNDS-SCHOOL CREDITS

- Change or cancellation/withdrawal requests should be sent by email to enrollment@thibauttechnique.com or by fax to 212/396-1372.
- The LWFC applies a \$25 change fee and \$50 withdrawal fee.
- **No refunds are granted after 11/20/09 for any reason.**
- Between 11/20/09 and until 12/04/09 parents are issued a school credit if they cancel/withdraw. No school credits are granted after 12/04/09 for any reason.
- A school credit is not a credit to a credit card. A credit to a credit card is a refund. A school credit may be used on behalf of the same child, a sibling, or transferred to a child not previously or presented enrolled at the LWFC or redeemed for Professor Toto products.

DISCOUNT.

- **Sibling.** Deduct 10% from the tuition of the 2nd and 3rd sibling enrolled.

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