

WHITING LANE'S FRENCH PROGRAM REGISTRATION FORM

*The winter/spring sessions begin on Fri. Jan. 20 and Mon. Jan. 23. Beginning French (K-2) will meet from 3:25-4:25 on Mondays, and Advanced French (3-5) will meet from 3:25-4:25 on Fridays. The cost for the 15-week class is \$130.00. Please include a check with this form to **Whiting Lane PTO**. If you need scholarship, please email Jill O'Toole at ajotoole@comcast.net. You must submit this form and payment by the start of the first class in order to begin enrollment ~ no exceptions, please!*

STUDENT INFORMATION

Name(s)	Day (M or F)	Grade	Teacher

PARENT/GUARDIAN CONTACT INFORMATION

Name	Home #	Work#	Cell#
_____	_____	_____	_____

Email Address for Class Notices _____

EMERGENCY CONTACT NAME & TELEPHONE

PLAYGROUND CONSENT

I understand that the school nurse is not at Whiting Lane School during the French Language Program. By signing below, I give my child/ren permission to participate in outdoor games on the school field as part of the class.

(Signature of Parent/Guardian) (Date)

POLICY REGARDING PICK-UP OF STUDENTS FROM FRENCH PROGRAM

Day Care Students: I want my child/ren _____, to be walked to the Whiting Lane Extended Day Care program after French class.

(Signature of Parent/Guardian) (Date)

OR

Students to be picked up after class: I, or one of the persons listed below, will pick up my child/ren _____ promptly at the 4:25 dismissal of the French Language Program. I understand that my child/ren will be unable to continue I the program if I, or the person I have asked to pick up my child/dren, is late more than twice. I understand that the tuition will not be refunded.

(Signature) (Date)

PERSONS AUTHORIZED TO PICK UP MY CHILD/REN AFTER FRENCH CLASS:

1. _____
2. _____