



Help your child excel in school!  
Whiting Lane PTO After School French Club

This after-school program is a relaxed and fun way to learn French with the wonderfully engaging Madame Laura Schwartz.

Classes for grades K-5 are held on **Fridays** from 3:25-4:25 starting 01/27 through 05/05.

Students are escorted from their classrooms to French club.

To sign up for the 14-week winter/spring term, complete the attached registration form and submit a payment of \$140\* (checks made payable to **Whiting Lane PTO**). Put the form and payment in an envelope marked "French Club" and send it to school with your child, or drop the envelope off in the office.

There is a high demand for the classes, which fill early, so submit your registration soon!  
Enrollment is not confirmed until the form and payment are received.

\* Scholarship is available.

Any questions? Contact Jane Makari at [MLCmom@comcast.net](mailto:MLCmom@comcast.net) or 860-231-0172

**WHITING LANE'S FRENCH PROGRAM REGISTRATION FORM ~ WINTER/SPRING 2017**

- **Friday** class meets from **01/27 to 05/05**.
- All classes are from 3:25-4:25. The cost for the 14-week class is \$140.00 (checks made payable to **Whiting Lane PTO**).
- **PLEASE PROVIDE A SNACK & DRINK FOR YOUR CHILD FOR EACH CLASS**
- If you need scholarship, please email Jane Makari at MLCmom@comcast.net

**STUDENT INFORMATION**

| Name(s) | Grade | Teacher |
|---------|-------|---------|
| _____   |       |         |
| _____   |       |         |
| _____   |       |         |

**PARENT/GUARDIAN CONTACT INFORMATION**

| Name                                  | Home # | 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** (select one)

***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)

***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. \_\_\_\_\_