

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

ENROLLMENT FORM 2010

CHILD(REN)

Child 1: Last Name _____ First Name _____ Gender _____ Date of Birth _____ Age _____
 PROGRAM [] French
 [] Spanish
 DAYS (Min Any 2) Week 1 (Mar 29 to Apr 2) [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

Child 2: Last Name _____ First Name _____ Gender _____ Date of Birth _____ Age _____
 PROGRAM [] French
 [] Spanish
 DAYS (Min Any 2) Week 1 (Mar 29 to Apr 2) [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

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:** Write Very Clearly) Nanny Name or Emergency Contact Cell Phone

 Street, Apt Address City State Zip

ALLERGIES . MEDICAL CONDITIONS . REQUIRED MEDICATIONS . RESTRICTIONS

Does a child 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 03/05/10 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 _____

MEDICAL CONDITIONS. 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 may fill so we cannot guarantee make-ups, but we try to accommodate make-ups 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 03/15/10 personal checks are no longer accepted.

CHANGE-CANCELLATION-WITHDRAWAL REQUESTS/REFUNDS-SCHOOL CREDITS

- Change or Cancel/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. Such requests must be made at least one week in advance and are made subject to availability and the conditions below.
- Parents may withdraw for refund until 03/05/10. The LWFC applies a \$50 withdrawal fee.
- Between 03/05/10 and 03/19/10 parents are issued a school credit if they cancel/withdraw.
- No school credits are granted after 03/19/10 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.

- **Early Enrollment.** Deduct 10% from your tuition if you submit a paid enrollment 03/05/10. Simply reserving by that date does not qualify you for the discount.
- **Sibling.** Deduct 10% from the tuition of the 2nd and 3rd siblings enrolled from the same family.