

French !

U
n
!

French Immersion

Half Day Camp... in Cary!

When?

June 21-25, 2010 & June 28-July 02, 2010
Monday - Friday 9am-1pm

Who?

5-10 year old children
No French background required

Contents?

After learning how to talk about our surroundings
(through arts & crafts, songs, games, movies, etc...)
let's travel through time and visit the France of today
as well as be introduced to the king of France
Louis XIV from the 17/18th century...

How Much?

\$300/week

Call or Visit WEBSITE for details:

888-ECOLE21 (888-326-5321)

www.ecole2france.com



APPLICATION FOR SUMMER CAMP 2010

Please fill out the form, save your document and send it back to info@ecole2France.com or print it and deliver it by mail or yourself to 103 Crest rd. Cary NC 27513 for it to get processed.

Please underline below name and phone number to contact in case of emergency

Child's Full Legal Name _____
 Guardian's Name _____ Occupation _____ Work or Cell Phone _____
 Guardian's Name _____ Occupation _____ Work or Cell Phone _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ e-mail address _____

For Office Use Only:
 Deposit Received
 on _____
 Check/Cash #

ADMISSION REQUEST

Participant 1:

Signing up for Week 1: June 21-25, 2010 Week 2: June 28-July 02, 2010

Participant 2 (10% Siblings Discount: = \$30):

Signing up for Week 1: June 21-25, 2010 Week 2: June 28-July 02, 2010

Fee: \$300/wk. A 20% (\$60/wk) Deposit –refundable until 2 weeks prior to camp- will be requested in order to complete the registration process (Make checks payable to Ecole2France). Full payment (\$240) is due on the first day of camp and will not be refundable once the camp has started.

Deposit Payment: Cash Check Amount: \$_____

STUDENT BIOGRAPHICAL INFORMATION

Participant 1:

Date of Birth ___/___/___ Age ___ Gender F M School Grade in 2009-2010 _____

Participant 2:

Date of Birth ___/___/___ Age ___ Gender F M School Grade in 2009-2010 _____

Brief Health History / List all allergies or sensitivities to drugs, food preferences, etc. and reaction. Please write none if no allergies exist.

Social/Emotional Concerns _____

Any other information about the child you would like us to know:

Insurance Carrier _____

Policy Number _____

Hospital of Preference _____

RELEASE INFORMATION

For **French Fun! Immersion Summer Camps** June 21-25, 2010 & June 28-July 02, 2010

Other person to whom **Ecole2France** is authorized to release this child shall be listed below. Under no circumstances will **Ecole2France** release this child to anyone not identified below without specific instructions from the parent. **Ecole2France** will not allow a child to enter or leave without an adult escort (18 years or older).

1. Name _____ Relationship _____

2. Name _____ Relationship _____

Disclaimer:

I, the undersigned, do hereby commit that all of the information provided by me on this application is true to the best of my knowledge, and that I have not intentionally withheld or misrepresented any pertinent data. I understand that **Ecole2France** reserves the right to accept or decline my application for these **French Fun! Immersion Summer Camps**.

I also release **Ecole2France** from all liability associated with personal injury or property damage, which may occur on or about these premises. I further agree to fulfill my financial obligations to **Ecole2France** in a timely manner.

Parent/Guardian Name: _____ Date: _____

Signature: _____