

Mail this application with your \$150
non-refundable check to:

THE FRENCH MATERNAL SCHOOL
3115 P Street NW
Washington, DC 20007



2012 SUMMER CAMP CAMP DÉJÈTE 2012

PHOTO
(all students)

For School use only:

Application received on: _____

Dates of Camp: _____

Age on June 1st: _____

Payment received: _____

CHILD INFORMATION

Child's First Name: _____ Child's Middle Name: _____ Child's Last Name: _____

Date of birth (month first): _____ Place of Birth/Country: _____ o Male o Female

Age of child on 9/1/2012: _____ years and _____ months.

For children under the age of three or three (3) at the time of the camp:

Child is potty trained Child is not potty trained Child is being potty trained

Please note that all students need to be entirely potty trained at the time of the camp. Pull-ups and diapers are not permitted.

Allergies/Medical Condition(s): _____
(Please attach a doctor's note if needed)

PARENTS INFORMATION

Married Separated Divorced Other _____

Parent 1's name:	Parent 2's name:
Street address:	Street address:
City and zip:	City and zip:
Home phone:	Home phone:
Cell phone:	Cell phone:
Work phone:	Work phone:
Occupation:	Occupation:

Title:	Title:
Employer:	Employer:
Employer's address:	Employer's address:
Employer's address:	Employer's address:
Email:	Email:
Email you would like FMS to use for all communication:	Email you would like FMS to use for all communication:

INTERNATIONAL APPLICANTS If you currently live abroad, your child is enrolled in a foreign school and you will be in the Washington D.C. area for the summer, please explain so that we best understand your child's situation.

FAMILY INFORMATION If there are other children in your family, please list:

Name, Age and School: _____

LINGUISTIC INFORMATION

Native tongue of parent 1: _____ Native tongue of parent 2: _____

Language(s) spoken by parent 1 (by level of fluency): _____

Language(s) spoken by parent 2 (by level of fluency): _____

Language(s) spoken by parent 1 to the child: _____

Language(s) spoken by parent 2 to the child: _____

Language(s) spoken by a third person in the household (nanny, au pair, grandmother, etc.) to the child: _____

Language(s) spoken by the child: _____

Is one parent from a French speaking country? yes no. If yes, which parent and from what country?

GENERAL INFORMATION

How did you hear about our summer program?

Why are you interested in our summer program?

Has applicant ever used the services of a social worker, professional counselor, psychologist, psychiatrist or therapist? o yes
o no. If yes, please explain:

Does your child have any special health needs that may limit participation in all school activities and particularly physical
education? o yes o no. If yes, please explain (you can use a separate sheet of paper):

SCHOOL/CHILDCARE INFORMATION

If your child is currently enrolled in a school or daycare facility, please complete:

Facility name & address: _____

Dates of enrollment: _____ Program attended (# days/week, # hours/day): _____

If your child is not enrolled in a school or day care, who takes care of him/her? _____

DISMISSAL

At the end of the camp, my child will leave with:

parents only baby-sitter. Indicates name and cell phone number: _____

other: _____

carpool. Indicates names and cell phone numbers: _____

FIELD TRIPS

I give permission for my child to take part in all FMS summer camp activities, including sports and field trips. I understand that
teachers and staff take every precaution to ensure the safety of all children during sports and field trips, however, I
understand that accidents do occur and agree that I will not hold The French Maternal School, its personnel, its agents or
directors or the chaperones responsible for any accidental harm that may befall my child. yes no

PHOTOS

I grant permission for my child to be included on school pictures and give permission for those pictures to be viewed by the
FMS community: yes no

APPLICATION OF SUN BLOCK

I authorize all FMS staff and teachers to apply sun block to my child as needed. yes no

PROGRAM & FEES (please check)

I wish to enroll my child for the following weeks and schedules:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> June 18 – June 22 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$310 | <input type="checkbox"/> 9 am to 5:30 pm - \$360 |
| <input type="checkbox"/> June 25 – June 29 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$310 | <input type="checkbox"/> 9 am to 5:30 pm - \$360 |
| <input type="checkbox"/> July 2* – July 6* | <input type="checkbox"/> 9 am to 12:45 pm - \$170* | <input type="checkbox"/> 9 am to 3 pm - \$260* | <input type="checkbox"/> 9 am to 5:30 pm - \$300* |
| <input type="checkbox"/> July 9 – July 13 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$310 | <input type="checkbox"/> 9 am to 5:30 pm - \$360 |
| <input type="checkbox"/> July 16 – July 20 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$310 | <input type="checkbox"/> 9 am to 5:30 pm - \$360 |
| <input type="checkbox"/> July 23 – July 27 | <input type="checkbox"/> 9 am to 12:45 pm - \$200 | <input type="checkbox"/> 9 am to 3 pm - \$310 | <input type="checkbox"/> 9 am to 5:30 pm - \$360 |

* No camp on Wednesday, July 4.

TERMS OF ENROLLMENT

Payment

The \$150 non-refundable deposit is due upon submitting this application. It will reserve a place for your child in the camp and the amount will be applied to the balance due. The full payment is due no later than May 1, 2012. All applications submitted after May 1, 2012 will need to include the full payment.

Refund Policy

The \$150 deposit is nonrefundable. If you cancel registration before May 1, 2012, and the full amount is still due, FMS will keep your \$150 deposit. No other amount is due to the school. If you cancel before May 1 and you paid the full balance, 50% of it will be refunded to you.

After May 1, all payments are nonrefundable.

Miscellaneous

1. This application will not be complete without all required D.C. forms. All forms need to be submitted before the start of the camp.
2. All medical forms should be valid (less than one year), signed by a physician, including immunization records.
3. No refunds for school closings necessitated by health, safety, inclement weather, holidays, or any other emergency will be provided.
4. No refund/proration will be made for sickness or other absences from the child.

I hereby apply for admission to FMS Summer Camp for my child. I/we certify that the information on this application is correct and complete. I agree to pay the \$150 nonrefundable deposit to reserve the space and I understand that the full balance is due no later than May 1, 2012.

Parent/guardian Signature _____ Date _____

Parent/guardian Signature _____ Date _____

Return application with a \$150 non-refundable deposit on or before May 1, 2012.