

Mail this application before April 1, 2019
with your \$150
non-refundable check to:

THE FRENCH MATERNAL SCHOOL
3224 N Street NW
Washington, DC 20007



If mailed after May 1, 2019, the entirety
of the camp fees is due.

2019 SUMMER CAMP- NEW Student

This form is for students who are not currently enrolled at FMS.
CAMP D'ETE 2019

PHOTO (all students)

<i>For School use only:</i> Application received on: _____ Dates of Camp: _____ Age on June 1st: _____ Payment received: _____
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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 6/1/2019: _____ 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:
Email you would like us to use for all communication:	Email you would like us to use for all communication:
Address:	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:

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 (please attach an additional page as needed):

Indicate name and cell phone number: _____

Indicate name and cell phone number: _____

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

PROGRAM & FEES (please check):

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

- Week1: June 10 – June 14 9 am to 3 pm - \$450 9 am to 5:30 pm - \$575
- Week 2: June 17 – June 21 9 am to 3 pm - \$450 9 am to 5:30 pm - \$575
- Week 3: June 24 – June 28 9 am to 3 pm - \$450 9 am to 5:30 pm - \$575
- Week 4: July 1 – July 5* 9 am to 3 pm - \$400* 9 am to 5:30 pm - \$525* * No camp on July 4th
- Week 5: July 8 – July 12 9 am to 3 pm - \$450 9 am to 5:30 pm - \$575
- Week 6: July 15 – July 19 9 am to 3 pm - \$450 9 am to 5:30 pm - \$575
- Week 7: July 22 – July 26** 9 am to 3 pm - \$450 9 am to 5:30 pm - \$575**

***** This week will be offered if we have enough applications*****

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, 2019. All applications submitted after May 1, 2019 will need to include the full payment. Priority enrollment deadline is April 1, 2019.

Refund Policy

The \$150 deposit is nonrefundable. If you cancel registration before May 1, 2019, 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 (dated 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.
5. FMS reserves the right to cancel any weeks of camp which do not meet the minimum enrollment.

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, 2019.

Parent/guardian Signature _____ Date _____

Parent/guardian Signature _____ Date _____