

Mail this application before April 1, 2020  
with your \$150  
non-refundable check to:

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



If mailed after May 1, 2020, the entirety of  
the camp fees is due.

## 2020 SUMMER CAMP- NEW Student

This form is for students who have not completed one year at FMS.  
CAMP D'ETE 2020

PHOTO (all students)
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<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 6/1/2020: \_\_\_\_\_ 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.

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

Name, Age and School: \_\_\_\_\_

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**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?

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**GENERAL INFORMATION**

How did you hear about our summer program?

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Why are you interested in our summer program?

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

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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):

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### **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 15 – June 19       9 am to 3 pm - \$475       9 am to 5:30 pm - \$595
- Week 2: June 22 – June 26       9 am to 3 pm - \$475       9 am to 5:30 pm - \$595
- Week 3: June 29 – July 3\*       9 am to 3 pm - \$380\*       9 am to 5:30 pm - \$476\*
- Week 4: July 6 – July 10       9 am to 3 pm - \$475       9 am to 5:30 pm - \$595
- Week 5: July 13 – July 17       9 am to 3 pm - \$475       9 am to 5:30 pm - \$595

\* No camp on Friday, July 3 for Federal Holiday. Tuition is prorated to 4 days.

\*\* Additional required materials fee for Summer Workbook: \$10- for children over 3.5 (entering MS or above)

**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, 2020. All applications submitted after May 1, 2020 will need to include the full payment. Priority enrollment deadline is April 1, 2020.

**Refund Policy**

The \$150 deposit is nonrefundable. If you cancel registration before May 1, 2020, 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, 2020.*

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return application with a \$150 non-refundable deposit on or before May 1, 2020.**