

Ecole du Samedi-SDFAS CLASS REGISTRATION- Parents policy.

- NO registration will be accepted without payment.
- Enrollment is limited, first come first-served.
- NO refunds for individual missed class, one makeup date available at the end of the session.
- If a class is canceled because of a teacher's absence, a make-up class will be scheduled or a refund.
- Please fill out the Emergency information (Form 3), Identification (Form 4) and SDFAS Waiver (Form 5)

Child's name _____ DOB: _____
 School attending: _____ Grade in Sept. 2014: _____
 Saturday class name/level: _____ \$ _____

Child's name _____ DOB: _____
 School attending: _____ Grade in Sept. 2014: _____
 Saturday class name/level: _____ \$ _____

French Native Speaker group: Please circle

“Jacques Prévert” 1 & 2 7 & 8-9 years (Saturday 9-11am)
 “Molière” 13 and up (Saturday 11:15-1:15 pm)

“Le Petit Prince” 5-6 years (Saturday 9-11 am)
 “Jules Verne” 10-12 years (Saturday 9-11 am)
 “La Fregate” 9-11 years (Thursday 3:30-5 pm)

Non French Native Speaker group: Please circle

“Le Petit Bateau” 6-7 years (Saturday 9-11 am)
 “La Péniche” 10-12 years (Saturday 11:15-1:15 pm)
 “Pele-Mele” 6 and up (Wednesday 3:30-5 pm)

“Le Petit Navire” 4-5 years (Saturday 9-11 am)
 “La Goelette” 8-9 years (Saturday 11:15-1:15 pm)
 “Le Paquebot” 13 and up (Saturday time TBD)

Email address: _____ **Cell:** _____

Parents Name: _____ **Date:** _____

Address: _____

Parent signature: *Accepted and approved, Lu et approuvé*

Please tell us your expectations for the class:

Allergies:

⇒ **Registration deadline: September 14th, 2014.** Contact Valérie Asensio at vasensio@sdfrenchschool.org or at (858) 456 2807 ext 307 for additional details and for registration.

⇒ **Price:** 16 classes per session for Saturday (Total \$850) or 16 classes per session for Wednesday or Thursday (Total \$658). Price includes registration and material fee (\$50), \$50 cancelation fee. You can pay one session into 2 installments. Saturday 15 classes price is \$800, Wednesday or Thursday 15 classes price is \$620.

OFFICE USE ONLY: DATE: _____ **TOTAL \$** _____ **CHECK #** _____

CC number # _____ **EXP DATE:** _____ **CASH:** _____

CC TYPE: VISA MC **Sept-Jan:** **Total \$:** **Payment:**

Waiver of Liability consent yes **Feb-June:** **Total \$:** **Payment:**

Identification and emergency information yes

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER

NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

**SAN DIEGO FRENCH-AMERICAN SCHOOL
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

Please carefully review this RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (“Agreement”). This Agreement is legally binding. By signing this Agreement, you are waiving the right to bring a court action and to recover compensation, damages, or a remedy, of any kind, for personal injuries, accidents or illness (including death) and property damage or loss, arising out of your child’s or childrens’ participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that your child or children enrolled in the San Diego French American School (“SDFAS”) participate in on the campus of the SDFAS, or while participating in SDFAS sponsored events off campus.

In consideration for permitting my child or children to participate in group outings, field trips, playground, recreational, sports, and other activities, and to use playground, recreational, and sports equipment, on the campus of the SDFAS, or while participating in SDFAS sponsored events off campus, for myself, my child or children, my heirs, personal representatives and assigns (“releasees”), I agree as follows:

1. I am the Parent/Guardian of the following child or children enrolled in the SDFAS:

2. I understand and agree that my child’s or childrens’ participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate in on the campus of the SDFAS or while participating in SDFAS sponsored events off campus., carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The risks vary from one activity to another, but the risks range from (1) minor injuries such as scratches, bruises, and sprains (2) major injuries such as eye injuries, broken or fractured bones, and concussions, and (3) catastrophic injuries, such as and including, paralysis and death.

3. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE SDFAS, its officers, directors, employees, volunteers, and agents (hereinafter, “released parties”), from any and all claims and liability, including the negligence of the released parties, for personal injuries, accidents or illness (including death) and property damage or loss arising from, but not limited to, my child’s or childrens’ participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate in on the campus of the SDFAS or while participating in SDFAS sponsored events off campus.

4. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the released parties, from any and all claims, actions, suits, procedures, costs, expense, damages and liabilities, including attorneys' fees, brought or incurred, as a result of my child or childrens' participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate

5. I HEREBY ASSUME FULL RESPONSIBILITY FOR personal injuries, accidents or illness (including death) and property damage or loss arising from, but not limited to, my child's or childrens' participation in group outings, field trips, playground, recreational, and sports activities, use of playground, recreational, and sports equipment, and any other activities that my child or children participate in on the campus of the SDFAS or while participating in SDFAS sponsored events off campus.

6. I agree that this Agreement and my release and waiver of liability and indemnification is intended to be as broad and inclusive as is permitted by the law of the State of California and that, if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. I acknowledge that:

- (a) I have read and knowingly, freely, and voluntarily sign this Agreement;
- (b) I fully understand the terms of this Agreement and understand that I am giving up substantial rights, including the right to sue; and
- (c) That no oral representations, statements or inducement apart from the foregoing written statements have been made to me concerning the subject matter of this Agreement.

Print name of Parent or Legal Guardian

Signature of Parent or Legal Guardian Date:

Print name of Parent or Legal Guardian

Signature of Parent or Legal Guardian Date: