



APPLICATION FORM for non Full-Time FAA Student

New Milford

**2019
WINTER CAMP / FEB 19-22
ALL ABOUT WINTER**

FAMILY INFORMATION

Family Last Name _____

Child 1: Name _____ Grade _____ Age _____

Child 2: Name _____ Grade _____ Age _____

OPTION and PAYMENT INFORMATION

WINTER CAMP: 8:30 AM – 3:00 PM (Please check box)

\$85/day or **\$320/ 4-day camp**

\$75/day per additional sibling for same day registration or **\$280/ 4-day camp**

AFTER CARE: 3:00 PM - 6:00 PM

Option available with a supplement of **\$15/day/child**

	Feb 19	Feb 20	Feb 21	Feb 22	Full week
Child 1 _____	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$85	<input type="checkbox"/> \$320
Aftercare 3-6pm	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$60
Child 2 _____	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$280
Aftercare 3-6pm	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$15	<input type="checkbox"/> \$60
Camp Sub-total

Total Amount DUE (Camp + After Care)= \$ _____

PAYMENT METHOD: Cash Check # : _____ (payable to FAA)

TERMS AND CONDITIONS

The camp welcomes children age 3 to age 11

School will be open the doors at 8.30am (no before care available), Activities start at 9am

Camp fees are due with application, and are non-refundable after February 15th.

Late pick up fees applicable after 3pm: \$12/hour if not enrolled in aftercare and after 6pm: \$10 per 10mn

A minimum of 7 participants is required. School reserves the right to cancel the camp

Morning snacks are included. Lunch and afternoon snacks are to be provided by family

Signature : _____

Date : _____



ADDITIONAL INFORMATION

(required IF YOUR CHILD IS NOT ENROLLED IN FULL TIME SCHOOL)

CHILD FULL NAME _____ GENDER _____

CURRENT SCHOOL _____ FRENCH LEVEL : **Beginner** **Intermediate** **Advanced**

PARENTS / GUARDIAN INFORMATION

Mother's Name _____

Father's Name _____

Address _____

Address _____
(if different)

Cell Phone # _____

Cell Phone # _____

Work Phone # _____

Work Phone # _____

Email _____

Email _____

AUTHORIZATION TO PUBLISH

I understand that my child's picture may appear in the newspaper, television, FAA's website, FAA's Facebook page, brochures or newsletters.

- I authorize my child's picture and writings to be published. No name will appear with the picture.
- I do not authorize my child's picture and writings to be published.

MEDICAL RELEASE

I hereby release, discharge and/or otherwise indemnify The French American Academy, Inc, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the program, against any claim by or on behalf of the student's participation in the school. My child has received a recent physical examination by a physician and I have disclosed any and known medical conditions to the French American Academy.

Therefore, I grant The French American Academy, Inc. permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. In the event that I cannot be reached, I give permission to the authorities of the French American Academy, Inc. to seek emergency treatment at the nearest hospital. I also assume financial responsibility for any medical treatment for my child.

Emergency contact (other than parents) Name : _____
Phone # 1: _____
Phone #2 : _____

Primary doctor : Name _____ Phone _____ Insurance provider _____

List any ALLERGIES and known medical conditions:

Signature : _____

Date : _____