

**2017-2018
Registration form**

Child's name: _____ Prefers to be called: _____

Date of Birth (D.O.B): _____ M / F

Allergies/ Medical condition: _____

Parent name: _____ Cell #: _____

Home #: _____ Office #: _____

Home address: _____

Email: _____

Parent name: _____ Cell #: _____

Home #: _____ Office #: _____

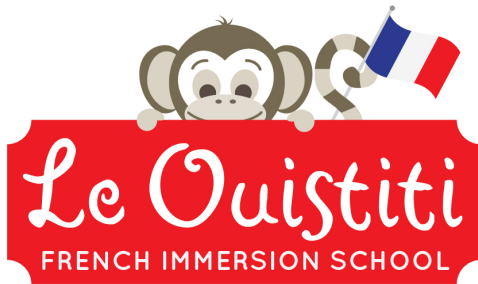
Home address (if different from above): _____

Email: _____

Siblings: a. Name: _____ D.O.B: _____

b. Name: _____ D.O.B: _____

Any information you would like to share with us about your child and your choice of a French immersion program (interests, fears...):



2017- 2018
Monday-Friday afternoons

We offer two options for our French afternoons for Preschool and Kindergarten students:

1. Full time French afternoons \$250/month

Monday to Friday afternoons from 1pm – 3pm.

2. Weekly French afternoons \$80/week

Monday to Friday afternoons from 1pm-3pm for one week.

* We offer a \$50 discount to our Preschool students.

**We offer a 10% Discount for the second sibling enrolled and a 20% discount for third and fourth siblings enrolled.

Payments to be made in cash or check addressed to **Le Ouistiti** and can be delivered at drop-off/pick-up time or mailed to:

Le Ouistiti
9112 SW 274th St
Vashon, WA 98070

I, _____, wish to enroll my child, _____, in
the (circle applicable):

Full time French afternoons_ \$250/month (due on the 1st of each month. Payments made ater the 7th will incur a \$25 late fee).

Weekly French afternoons _ \$80/week (due on the 1st day of the week. Payments made after the week of enrollment will incur a \$25 late fee).

I agree to pay Le Ouistiti the sum of \$_____ in accordance with the school fees structure.

Signature: _____ Date: _____