



# Summer in French

## PROGRAM FOR KIDS 2018

**NAME OF YOUR CHILD:** \_\_\_\_\_

Dear Parent or Guardian,

Thank you for choosing the French Cultural Center/Alliance Française of Boston for your children's summer French experience. We are delighted to open our doors for another Summer of French fun!

Please check your desired week/weeks below:

Please include a current color photo of your child which we will keep for our records.

|                                   | Half Day | Full Day |
|-----------------------------------|----------|----------|
| <b>Week 1:</b> June 18-22         | _____    | _____    |
| <b>Week 2:</b> June 25 – June 29  | _____    | _____    |
| <b>Week 3:</b> July 2 – 6*        | _____    | _____    |
| <b>Week 4:</b> July 9 – 12*       | _____    | _____    |
| <b>Week 5:</b> July 16 – 20       | _____    | _____    |
| <b>Week 6:</b> July 23 – 27       | _____    | _____    |
| <b>Week 7:</b> July 30 – August 3 | _____    | _____    |
| <b>Week 8:</b> August 6 – 10      | _____    | _____    |
| <b>Week 9:</b> August 13 – 17     | _____    | _____    |
| <b>Week 10:</b> August 20 – 24    | _____    | _____    |
| <b>Week 11:</b> August 27- 31     | _____    | _____    |

Half Day: \$345, full day \$560

\* 4-day week: half day \$276, full day \$448 – no discount

### Program schedule for a typical day in immersion: (subject to change)

| <b>Morning (3-12 years)</b>  |   | <b>Afternoon (6-12)</b> |   |
|------------------------------|---|-------------------------|---|
| <b>8:30 AM</b>               |   | <b>12:00 PM</b>         | Lunch* and indoor games                                 |
| <b>9:00 AM – 10:15 AM</b>    | Arrival and welcome<br>French lesson – oral and written (for older children) activities | <b>12:45 PM</b>         | Study time – focus on writing and written comprehension |
| <b>10:15 AM – 10:45 AM</b>   | Walk to nearby Clarendon playground and snack* time                                     | <b>2:45 PM</b>          | Outdoor activities & snack* in Boston Common            |
| <b>10:45 AM – 12:00 PM</b>   | Speaking and oral comprehension activities centered on the weekly theme.                | <b>4:00 PM</b>          | Quiet/reading time (one hour – \$60/wk optional)        |
| <b>12:00 PM</b>              | Dismissal half-day session  |                         |   |
| <b>Afternoon (3-5 years)</b> |   |                         |   |
| <b>12:00 PM</b>              | Lunch*  |                         |   |
| <b>12:30 PM</b>              | Reading & nap time  |                         |   |
| <b>2:00 PM</b>               | Outdoor activities & snack* in Clarendon Playground                                     |                         |   |
| <b>3:00 PM</b>               | Indoor activities, Quiet/reading time   |                         |   |
| <b>4:00 PM</b>               | (one hour – \$60/wk optional)   |                         |   |

\* Snacks and lunch are **not provided** by the French Cultural Center/Alliance Française of Boston and are the responsibility of the parents.

**\*\*YOU MUST FORWARD THE FOLLOWING COMPLETED FORMS by mail / scanned in an email:**

- **Before June 11** if registered before the beginning of the program.
- *Within a day of your registration* if enrollment made after **June 11**.

Otherwise your children will not be admitted to class. **No exceptions will be made.**

**Please send or bring the complete file containing enclosed forms AND health history to the following address:**

French Cultural Center/Alliance Française of Boston  
Attn: Education Dept. / Summer in French  
53 Marlborough Street  
Boston, MA 02116

Or by email:

[education@frenchculturalcenter.org](mailto:education@frenchculturalcenter.org)

Steps to completing the following documents:

1. Carefully read all terms and conditions
2. Sign and date each document
3. Ensure that all requested information is provided
4. Send this agreement along with recent doctor's report to the Education Department within the appropriate deadline.

**IMPORTANT:**

### **Registration**

Registration and full payment are due one week prior to the start of classes.

### **Absence and Early Release Policy**

If your child must leave early, written notice from a parent or guardian is required 24 hours in advance. There are no make-up classes for absences. The French Cultural Center/Alliance Française of Boston must be notified if a child will be absent.

### **Enrollment Policies and Refunds**

A non-refundable cancellation fee of \$50 will apply to all cancellations (\$50 cancellation fee per week per child). Refunds available up to 3 weeks prior to your child's registered start date. Any withdrawals after this timeframe will result in class credit. Classes attended will be charged. After seven years, the credit will be considered a tax-deductible donation to the French Cultural Center/Alliance Française of Boston. Credit is non-transferable.

The French Cultural Center/Alliance Française of Boston reserves the right to cancel courses, adjust curriculum or change teachers at any time during the session. A minimum of four enrollments is required to open a class. Please note that under-enrolled classes will be cancelled. If your child is registered for a class that is cancelled, you will be notified by telephone and/or email and given the option to transfer to another week or to be fully refunded.

### **Photo ID**

When mailing the attached forms or dropping them off at the French Cultural Center/Alliance Française of Boston, please include a recent photo of your child. This picture should be in color, and will be kept for file use only.

### **Protection from the sun and backpack contents**

Activities will run both indoors and outdoors. Each child should come with a BOTTLE OF WATER with his or her name on it. Please apply SUNSCREEN to your child prior to drop off and provide them with a HAT in their backpack. We will not be providing sunscreen.

### **Food**

Your child should bring a snack and a beverage every day (we do have a water fountain at the Reception area). For full-day children, please bring a lunch and 2 snacks. Snacks and lunches may contain items that need to be refrigerated or heated. Please inform the instructor if a lunch needs to be put in the fridge upon arrival. We will not be providing any lunch or snacks to children that come without. **Due to the severity of some allergies, lunch/snacks MUST NOT CONTAIN NUTS.**

**Pick-up and drop-off procedures**

Children may arrive between 8:30am and 9am. They will be greeted and supervised by one of our teaching assistants until 9am at which time they will be taken to their respective classrooms by their professors. Children participating in the half-day option must be picked-up promptly at 12pm and full-day children at 4pm (or 5pm if participating in quiet/reading time **\$60/wk**). You will be allowed a 5 minute grace period, but after five minutes a late fee will apply. The policy is as follows: after 4:05pm (or 5:05pm) you will be charged a fee of \$25.00. The clock of the French Cultural Center will determine the time. When you arrive late, you must pay your fee right away at the Reception Desk. If you know that you will be late in picking up your child, please call us immediately at 617-912-0400 (late fee will still apply).

If your child needs to be dismissed early or is going to be picked up by another person, please send your child with a note signed by his/her parent or guardian.

**Disclaimer**

Every effort will be made to keep students with others of a similar level; however, programs are subject to change depending on enrollment. We differentiate instruction for bilinguals and non-natives within the same age group by assigning an assistant to the class who works in tandem with the primary teacher.

**Medical Information**

All children attending the Summer in French Program will need to provide a completed health history that includes a report of physical examination that has been conducted within the last 12 months and a certificate of all immunizations. Copies of these forms will be accepted. Without this medical information, your child will not be admitted to the program.

**Photos taken by the FCC**

Throughout the Summer in French program, photos may be taken of your child. By enrolling your child in this program, you are agreeing to allow us to use these photos for promotional purposes.

**PLEASE INDICATE ANY ALLERGIES/MEDICAL CONDITIONS YOUR CHILD MAY HAVE (Food and others):**

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Illness:

In order to ensure the safety of your child and of others, a child may not remain in or come to class if she/he has any of the following symptoms:

- Fever over 100°F
- Vomiting or diarrhea
- Inflammation of the eyes
- Abscess or draining sores
- Stomach ache
- Head lice
- Any rash, unless determined to be non-contagious by a doctor's note

Children with:

- Inflammation of the eyes
- Earache
- Sore throat

may come to class if they have been on medication for 24h.

**IMPORTANT:** Your child **must** be toilet-trained in order to participate in this program. Any child who is not will be asked to leave the program and no refund will be provided.

If any of the information is unclear or you have questions, please do not hesitate to contact me by phone or email. All of us in the Education Department of the French Cultural Center/ Alliance Française of Boston are looking forward to a fun and exciting summer in French with your children!

*Merci!*

- Hayley Fallon

Education Administrator

Tel: 617-912-0415 / Fax: 617-912-0450

Email: [hfallon@frenchculturalcenter.org](mailto:hfallon@frenchculturalcenter.org)

- Pierre-Antoine Tiberi

Youth Programs Manager

Tel: 617-912-0400 Ext.418

Email: [ptiberi@frenchculturalcenter.org](mailto:ptiberi@frenchculturalcenter.org)

I have read the above rules and guidelines and agree to the terms and conditions.

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DATE

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SIGNATURE

**COVENANT FOR THE FOLLOWING ACTIVITY:  
Summer in French for Children Program  
DISPENSED BY  
THE FRENCH CULTURAL CENTER/ALLIANCE FRANÇAISE OF BOSTON**

For and in consideration of the instruction of French at the French Cultural Center/  
Alliance Française of Boston, 53 Marlborough Street, Boston, MA 02116,

I, \_\_\_\_\_  
the undersigned parent or legal guardian of the minor child

(name of child) \_\_\_\_\_

agree to the following conditions:

- No child will be released from the classroom at the end of the class to any other person than the following designated responsible adults:

Name (1) \_\_\_\_\_

Contact number \_\_\_\_\_

Emergency number \_\_\_\_\_

Name (2) \_\_\_\_\_

Contact number \_\_\_\_\_

Emergency number \_\_\_\_\_

- The designated adult (s) will meet with the instructor before the start of classes and has identified him(her)self as such.
- If your child has permission to leave by him (her)self at lunch time and/or the end of the day, please provide a signed note indicating authorized permission.
- All children MUST be picked up on time. If the designated adult(s) has not picked up the child, a fee of \$25 will be charged after 4:05pm (or 5:05pm).
- We request that you do not wait for your children outside the classroom door while the class is in session. Please wait in the lobby of our building, gallery or library. You may pick up your child in the lobby after the class ends.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**LIABILITY DISCHARGE AND COVENANT NOT TO SUE  
FOR THE CHILDREN'S SUMMER IN FRENCH PROGRAM  
DISPENSED BY  
THE FRENCH CULTURAL CENTER/ ALLIANCE FRANCAISE OF BOSTON**

For and in consideration of the instruction of French at the French Cultural Center/  
Alliance Française of Boston

I, \_\_\_\_\_  
the undersigned parent or legal guardian of the minor child:

Name of child: \_\_\_\_\_

hereby agree to hold the French Cultural Center/ Alliance Française of Boston, and  
paid instructors or agents, free and harmless, from any liability for any claims arising  
out of or related to the instruction of French and activities at the French Cultural  
Center/ Alliance Française of Boston, 53 Marlborough Street, Boston, MA 02116,  
**except in the case of negligence.**

I hereby personally assume all risks that may occur in connection with the Summer  
in French Program, injury, damage or loss of property while the above child is  
enrolled as a student. I accept full responsibility for the cost of treatment for any  
injury that may be suffered by the above child while taking part in the Summer in  
French Program.

I understand that this Release means that I am renouncing the right to sue the French  
Cultural Center/ Alliance Française of Boston and its employees and agents, for  
injuries, damages, or loss of property that the above child may incur, **other than as  
the direct result of the gross negligence** of the French Cultural Center/ Alliance  
Française of Boston and its employees and agents.

I give permission for my child to go on off-site field trips. I release French Cultural  
Center/ Alliance Française of Boston and individuals from liability in case of  
accident during activities related to The French Cultural Center/Alliance Française  
of Boston, as long as **normal safety procedures have been taken.**

By enrolling my child in this program, *I give permission for the French Cultural  
Center/Alliance Française of Boston to take photos of my child and understand that  
the Center may use these photos for promotional purposes.*

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**PERMISSION SLIP  
Summer in French Program 2018**

I, .....  
*first name, last name, relationship to the child*

hereby authorize my child, .....  
*first name, last name of child*

attending the Summer in French program

|  |
|--|
| from (date): ..... to (date):<br>..... |
|--|

to leave the premises of the French Cultural Center for trips to the Boston Common, nearby playgrounds or any locations judged appropriate for the Summer in French Program.

She or he will be accompanied by a French Cultural Center teacher as long as he or she is enrolled in the summer program starting June 18, 2018 and ending August 31, 2018.

\_\_\_\_\_ Date

| Name | Relationship to child | Signature |
|------|-----------------------|-----------|
|------|-----------------------|-----------|





**EMERGENCY CONTACT AND MEDICAL INFORMATION**

|                          |            |                          |            |                          |                          |
|--------------------------|------------|--------------------------|------------|--------------------------|--------------------------|
| _____                    |            | _____                    |            | M                        | F                        |
| Child's Name             |            | Date of Birth            |            | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                    |            | _____                    |            |                          |                          |
| Parent's/Guardian's Name |            | Parent's/Guardian's Name |            |                          |                          |
| _____                    |            | _____                    |            | _____                    |                          |
| Home Phone               | Work Phone | Home Phone               | Work Phone |                          |                          |
| _____                    |            | _____                    |            |                          |                          |
| Address                  |            | Address                  |            |                          |                          |
| _____                    |            | _____                    |            |                          |                          |
| City, ZIP Code           |            | City, ZIP Code           |            |                          |                          |

**ALTERNATIVE EMERGENCY CONTACTS**

|                           |            |                             |            |
|---------------------------|------------|-----------------------------|------------|
| _____                     |            | _____                       |            |
| Primary Emergency Contact |            | Secondary Emergency Contact |            |
| _____                     |            | _____                       |            |
| Home Phone                | Work Phone | Home Phone                  | Work Phone |
| _____                     |            | _____                       |            |
| Address                   |            | Address                     |            |
| _____                     |            | _____                       |            |
| City, ZIP Code            |            | City, ZIP Code              |            |



**MEDICAL INFORMATION**

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

**EMERGENCY CONTACT AND MEDICAL INFORMATION**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Signature of parent/guardian

Date