



FRENCH SUMMER CAMP FOR TEENS 2009 ENROLLMENT FORM

Please complete one enrollment form per student. Provide complete information in the spaces below. A non-refundable \$75 Course set-up fee and 50% deposit for tuition must accompany this enrollment form if not paying in full. Review all terms of agreement and sign at the bottom of the second page. **Enrollment deadline for all start dates is June 1, 2009.** Make checks payable to CISL - San Diego and mail to (or drop off at):

Converse International School of Languages, Foreign Language Department,
636 Broadway, Suite 210, San Diego, CA 92101

Student's name: _____ Male Female

School _____ Grade _____ Age _____ Date of Birth _____

Parent's/Guardian's name _____ Home Phone: _____

Address _____ Cell phone: _____

City _____ State _____ Zip _____ Work phone: _____

Email: _____

How did you hear about the camp? _____

French Camp Sessions (please check box for each week-long session you want to attend the program):

July 6

July 13

Type of Program preferred (please check box for program you will attend):

Option A - French class only (Monday through Friday 9 am - 12:30 pm) \$275 per week

Option B - Full-day (French class + afternoon activities) \$375 per week

Deposit- A \$75 Course Set-up fee (required for each student and covers cost of materials and language placement test) + a minimum of 50% of total tuition is due upon enrollment:

Balance- due before June 1, 2009. Amount due: \$ _____

Medical Information (in case of accident, medical charges incurred are the parent's responsibility):

Emergency contact Name and Phone Numbers: _____

Physician Name & Phone: _____

Medical Info and Allergies: _____

Observable Symptoms/Reactions: _____

Recommended treatment in emergency: _____

I authorize CISL to administer emergency medical treatment to my child if it becomes necessary.

Parent/Guardian Signature and Date:

CISL Summer Spanish Summer Camp for Teens 2009 Terms of Enrollment Agreement

Please read carefully, sign, and return with your payment. We recommend that you make a copy for your records.

- 1) **Acceptance of Enrollment.** Enrollment is effective at the time the Course Set-up fee and 50% tuition deposit is received in our office along with this form. Tuition balance is due before June 1, 2009. CISL reserves the right to assess a 10% late enrollment fee and to refuse enrollment to anyone.
- 2) **Payment Policy.** A Course Set-up fee of \$75 dollars and 50% of tuition is due for each enrolled student at the time of enrollment. If the balance is not paid by June 1, 2009, a 10% late fee will be assessed (10% of tuition). If the entire balance is not received by Monday, June 8, 2009, the enrollment is canceled and the deposit will not be refunded.
- 3) **Payment Mailing Address:** CISL, Foreign Language Department, 636 Broadway, Suite 210, San Diego, CA 92101
- 4) **Payment Options:** Cash (in person only), check, money order, cashier check, Master Card, VISA.
- 5) **Confirmation of Acceptance:** We will confirm all summer camp classes within 10 business days from the date we receive your enrollment.
- 6) **Cancellation Policy** (a student's enrollment will be cancelled when received in writing by our office):
 - a) If cancellation occurs in writing within ten business days from the date the enrollment form and payment are received; a full refund of deposit and enrollment fee will be made to payee.
 - b) If cancellation occurs anytime before May 29th, 2009, 100% of the deposit will be refunded to the payee. The \$75 enrollment fee is non-refundable.
 - c) If cancellation occurs on May 29th or after, but before the student's program start date, 50% of the deposit amount will be refunded. The enrollment fee of \$75 is non-refundable.
 - d) If cancellation occurs after the student's scheduled program start date, payments received for the program will not be refunded.
- 7) **Cancellation by CISL**
 - a) A minimum enrollment of 5 students is required for any group.
 - b) All groups are limited to a maximum of 8 students.
 - c) In the event that enrollment for any group is lower than the minimum required by May 29, 2009, CISL reserves the right to cancel the class and refund all enrolled students 100% of monies paid, including the \$75 enrollment fee.
- 8) **Attendance policy:** A minimum of 85% attendance of classes is required for the student to receive a Certificate of Completion of the Spanish program. Our lateness policy requires the students to arrive in the classroom by 9 a.m. and no later than 9:10 a.m. If the student arrives after 9:10 a.m., he/she will not be allowed into the classroom until after the 10:40 a.m. break time.
- 9) **Missed classes or absences:** There are no refunds for the following conditions: a) missed classes or absences, b) tardiness, c) vacations, d) personal holidays, or e) failure to complete scheduled programs. Parent/guardian will be contacted when student is late or absent.
- 10) **Changes to schedule:** A fee of \$50 will be due for each change made to the summer camp class start date received *after confirmation has been made*. All changes must be made in writing by completing a "Schedule Change/Cancellation form" (contact CISL-Foreign Language Department to obtain a copy of the form).
- 11) **Optional Activities:** Transportation to most optional after-class activities for this program will be by public transportation and students will travel to the activities in groups (youth bus pass is recommended). Saturday out-of-town activities or excursions (Disneyland, Magic Mountain, etc.) will be by hired bus transportation. The cost

of all after-school activities and Saturday excursions is included in the price of Option B (language tuition plus activities) program.

Signature of Student _____ Date _____

By signing below, I/we certify that I am/we are the legal parent(s)/guardian(s) of the enrollee and that my/our teenager has not been identified as learning impaired due to any physical or mental disability or affliction, that his/her general health condition is good, and that there is no known impediment to learning or participation in this language program or related activities. I/We understand and agree to the above terms of the enrollment agreement, in accordance with State of California law.

Mother/Guardian Signature & Date Father/Guardian Signature & Date

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Payment Information:

I am making payment by: Check/Money Order Cash Credit Card: Visa Master Card

Credit card #: _____ Exp. Date: _____

I authorize C.I.S.L. to charge \$_____ to this credit card.

Authorization Signature Required: _____

Billing Address for Credit

Card _____

City _____ State _____ Zip _____

Code _____