



Lycée International de Los Angeles

Orange County Campus
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Saturday French Classes Enrollment Form

Student Name:		Date of Birth: (MM/DD/YYYY)	Sex:
Grade Level (Fall 2011):	Describe the student's level/proficiency in French:		

CONTACT INFORMATION – PARENTS /GUARDIANS

Primary Household

Address:		Home Phone :	
Parent/Guardian Name:		Relationship:	
Phone: Type:	Phone: Type:	Email:	
Parent/Guardian Name:		Relationship:	
Phone: Type:	Phone: Type:	Email:	

Household 2

In the event of an emergency, should Household 2 be contacted? YES NO

Parent/Guardian Name:		Relationship:	Authorized to Pick-Up (Y/N):
Phone: Type:	Phone: Type:	Email:	
Parent/Guardian Name:		Relationship:	Authorized to Pick-Up (Y/N):
Phone: Type:	Phone: Type:	Email:	

EMERGENCY CONTACTS OTHER THAN PARENTS, GUARDIANS, OR STEP-PARENTS

Name:		Relationship:	Authorized to Pick-Up? (Y/N):
Phone: Type:	Phone: Type:	Phone: Type:	
Name:		Relationship:	Authorized to Pick-Up? (Y/N):
Phone: Type:	Phone: Type:	Phone: Type:	
Name:		Relationship:	Authorized to Pick-Up? (Y/N):
Phone: Type:	Phone: Type:	Phone: Type:	

Does your child have any specific physical and/or health problems? YES NO

If yes, please describe below:

List any other **allergies** the student may have – be very specific when listing:

List any **medication(s)** the student is taking and the reason for the medication:

Permission to Administer Medication Forms are required for any medications administered at school (forms are available in the office). **Please list any medications that staff may administer:**

STUDENT'S PRIMARY PHYSICIAN:	Physician Phone Number:
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Consent for medical treatment:

<div style="border-bottom: 1px solid black; width: 80%; margin-bottom: 5px;"></div> Initials	I hereby give consent to the Lycée International de Los Angeles to provide all emergency dental/medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child/children above listed. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent. I shall be responsible for all medical expenses incurred in connection with any such emergency.
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PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. In consideration of the services of the Lycée International de Los Angeles (LILA), a non-profit corporation, including all officers, employees, representatives, volunteers (including leaders and co-leaders), members and all other persons or entities associated with it, **I acknowledge and agree as follows: The LILA educational and/or recreational activities** may include, but are not limited to a variety of sports, activities and swimming including the use of different facilities and transportation or travel to and from activities. **In all activities, all participants share in the responsibility for their own safety and the safety of the group.** I take responsibility for my child having appropriate skills, physical conditioning, equipment and supplies for these activities. **These activities include inherent and other risks, hazards and dangers that can cause or lead to injury, property damage, illness, mental or emotional trauma, paralysis, disability or death to the participant or others.** Some, but not all of these risks, hazards and dangers include: hazardous and unpredictable ground, water or weather conditions; misjudgments made by leaders, co-leaders, participants or others; travel in remote areas that can cause delays in transportation, evacuation and medical care; equipment that can fail or malfunction; the potential that the participant or others (e.g. co-participant, driver, medical and rescue personnel) may act carelessly or recklessly. I understand that LILA staff, leaders or other personnel cannot assure participants' safety or eliminate these **risks for my child. I am voluntarily participating with knowledge of the risks for my child. Therefore, I assume and accept full responsibility for the inherent and other risks of these activities (both known and unknown), and for any injury, damage, death or other loss suffered by my child resulting from those risks. I agree to release and not to sue LILA** (as LILA is defined above) in regard to all claims, liabilities, suits, or expenses (hereafter collectively 'claim' or 'claims'), **including claims caused or alleged to be caused by the negligence of LILA staff (but not its gross negligence or intentional or reckless misconduct),** for any injury, damage, death or other loss to my child in any way connected with the participation in these activities, or the use of LILA and other equipment or facilities. **I understand I agree here to waive all claims I may have against LILA,** and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit against LILA. **I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS DOCUMENT AND ACKNOWLEDGE THAT IT SHALL BE EFFECTIVE AND BINDING UPON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES AND ESTATE.**

I understand that the cost of the class is as follows:

- \$380.00** per session for the first family member,
- \$350.00** per session for the second family member,
- \$320.00** per session for each additional family member.

I understand that the **cost of the class is non-refundable and will not be pro-rated for missed classes.** (There will be a \$15 charge for children picked up after 12:30 pm for the first 30 minutes and a fee of \$1.00 for every minute after 1:00 pm.)

Parent/Guardian signature: _____ Date: _____