

2018/19 CONTINUING EDUCATION CALENDAR

FIRST SEMESTER		
4:00pm - 5:15pm	Tuesday	Thursday
September	11	13
	18	20
	25	27
October	2	4
	9	11
	16	18
	23	25
	30	
November		1
	6	8
	13	15
	no class Nov. 20 & 22: Thanksgiving Break	
	27	29
December	4	6
	11	13
	18	20
	no class Dec. 24- Jan. 7: Winter Break	
January	8	10
	15	17
	22	
SECOND SEMESTER		
January		24
	29	31
February	5	7
	12	14
	19	21
	26	28
March	5	7
	12	14
	no class March 18 - 29: Spring Break	
April	2	4
	9	11
	16	18
	23	25
	30	
May		2
	7	9
	14	16
	Spring Show: May 18 at 10:00am	
	21	23
	28	30

We reserve the right to change scheduled dates and times.

CONTINUING EDUCATION

ENROLLMENT/GENERAL AUTHORIZATION FORM

I would like to enroll my child in the French School Continuing Education program for the 2018/19 school year.

Name of child _____ Phone _____

Address _____

City _____ State _____ Zip _____

I understand the \$300 deposit is non-refundable and due by June 7, 2018. I also understand that later this summer I will be billed the balance of \$2,395 for the entire year of Continuing Education or \$1,065 for the first semester only of Continuing Education. I understand that, if paying by semester, I will be billed an additional \$1,365 in December for the second semester of Continuing Education.

Photography permission

I hereby give permission to the French School to photograph and videotape my child at school activities. I understand that these photos may be used in monthly newsletters, class projects and scrapbooks, as well as for promotional purposes, including but not limited to press releases, print material, and the French School website. Additionally, other parents may take photographs and video images of my child and use them for personal use only, and are subject to the terms and conditions of commercial photographic services.

Student directory permission

I allow for my family's name, address, phone number and e-mail address to be printed in the French School student directory.

E-mail notification

I give my permission for the French School to send e-mail updates to the following e-mail addresses (please print clearly).

Outdoor Permission

I give permission for my child to take part in off-site, outdoor activities. I understand that may include, but is not limited to, Dwyer Park and walks around the block that involve crossing streets in Winnetka.

Name of parent of legal guardian (please print)

Signature of parent or legal guardian

Date

Email of parent of legal guardian

Check one:

_____ Please bill me for one year of Continuing Education (total cost \$2,695).

_____ Please bill me for one semester now and one semester later (total cost \$2,730).