

# Summer in French

## FOR TEENS 2018

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

**NAME OF YOUR TEEN:** \_\_\_\_\_

Dear Parent or Guardian,

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

Please check your desired session/sessions below:

Month	Morning session	Afternoon session	Full Day
July session (9-20)	___	___	___
August session (6-17)	___	___	___

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

- **Before June 30** if registered before the beginning of the program.
- Within a day of your registration if enrollment made after **June 30**

Otherwise your teen will not be admitted to class. No exception.

Please bring or send the complete file containing **enclosed forms, health history** and a **recent color photo** to the following address:

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

Or at:

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

## **IMPORTANT:**

### **Registration**

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

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

If your teen 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 teen will be absent.

### **Enrollment Policies and Refunds**

A non-refundable cancellation fee of \$50 will apply to all cancellations. Refunds available up to 3 weeks prior to your teen's registered start date. Any withdrawals after this timeframe will result in class credit valid. 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 three enrollments is required to open a class. Please note that under-enrolled classes will be cancelled. If your teen is registered for a class that is cancelled, you will be notified by telephone and/or email and given a full refund.

### **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 ID of your teen. 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. We encourage teens to come with a BOTTLE OF WATER and sunscreen.

### **Food**

Your teen should bring a snack and a beverage every day (we do have a water fountain at the Reception area). Teens enrolled in the full-day program may either bring a lunch or leave the Center to purchase lunch nearby.

In order to leave the Center for lunch, teens must have a signed note from their parents giving them permission to leave for the half-hour lunch period (see page 8).

Snacks and lunches may contain items that need to be refrigerated or heated. Please have your teen inform the receptionist or instructor if a lunch needs to be put in the fridge upon arrival. **Due to the severity of some allergies, lunch/snacks MUST NOT CONTAIN NUTS.**

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

Teens may arrive at the French Cultural Center/ Alliance Française of Boston as of 9:00 AM, with class and activities starting at 9:30am. Please note that the Center opens at 8:30 AM; teens arriving before 9:30 AM are welcome to wait in the Center's reading room on the ground floor. Teens participating in the Morning program must be picked-up at 12:30 PM and teens participating in the Afternoon or Full-day programs at 4:00 PM.

If your teen needs to be dismissed early or is going to be picked up by another person, please send your teen with a note signed by his/her parent or guardian. This is extremely important, as teens may be off-site in the afternoon.

**Disclaimer**

Every effort will be made to keep students with others of the same level; however, programs are subject to change depending on enrollment.

**Medical Information**

All teens 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 teen will not be admitted to the program.

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

---

---

---

Illness:

A teen 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

Teens with:

- Inflammation of the eyes
- Earache
- Sore throat

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

Please note that all the above rules and guidelines are to ensure the safety of your teen and others attending the program.

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 teens!

*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 / Fax: 617-912-0450  
Email: [ptiberi@frenchculturalcenter.org](mailto:ptiberi@frenchculturalcenter.org)

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

---

DATE

---

SIGNATURE



**COVENANT FOR THE FOLLOWING ACTIVITY:  
Summer in French for Teenagers 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,  
53 Marlborough Street, Boston, MA 02116,

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

(*name of teen*) \_\_\_\_\_

agree to the following conditions:

- No teen 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 teen has permission to leave by him(her)self at lunch time or/and at the end of the day, please provide a signed note indicating authorized permission.**
- All teens MUST be picked up on time. If the designated adult(s) has not picked up the teen, a fee of \$25 will be charged (with a 5 minute grace period).
- We request that you do not wait for your teens 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 teen in the lobby after the class ends.

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

\_\_\_\_\_  
Date



**LIABILITY DISCHARGE AND COVENANT NOT TO SUE  
FOR THE TEEN'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 teen*

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

attending the Summer in French program

from (date): ..... to (date): .....
-------------------------------------

to leave the premises of the French Cultural Center for trips to the Boston Common, nearby restaurants 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 July 9<sup>th</sup>-20<sup>th</sup> 2018 and/or August 6<sup>th</sup> - 17<sup>th</sup>, 2018.

\_\_\_\_\_  
Date

Name	Relationship to teen	Signature
------	----------------------	-----------



**PERMISSION TO LEAVE THE FRENCH CULTURAL CENTER  
FOR LUNCH AND AT THE END OF THE DAY**

I, .....  
*first name, last name*

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

attending the Summer in French program:

	Morning session	Afternoon session	Full Day
July session (9-20)	___	___	___
August session (6-17)	___	___	___

to leave the premises of the French Cultural Center on his or her own from 12:30 PM to 1:00 PM in order to buy and/or eat lunch off-site.

My teen also has permission to leave the French Cultural Center on his or her own at the end of the program: at 12:30 PM if enrolled in the Morning program or at 4:00 PM if enrolled in the Afternoon or Full Day Program.

\_\_\_\_\_  
Date

<b>Name</b>	<b>Relationship to teen</b>	<b>Signature</b>
-------------	-----------------------------	------------------





FRENCH CULTURAL CENTER  
ALLIANCE FRANÇAISE OF BOSTON

## EMERGENCY CONTACT AND MEDICAL INFORMATION

Teen's Name		Date of Birth	<input type="checkbox"/> M	<input type="checkbox"/> F
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	



FRENCH CULTURAL CENTER  
ALLIANCE FRANÇAISE OF BOSTON

## 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 teen 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