

花儿双语学校  
*Little Orchid School*

**2021-2022  
Enrollment Information**

**Enrollment Dates**

We are offering open enrollment and welcome families to enroll for our spring semester and the 2021/2022 school year. There is a \$125.00 enrollment fee for new students.

**Registration Policies** • All Registration Forms will be processed according to the date and time that both the form and registration fee are received. Placements will be offered if space is available. • Ages will be determined as of August, 31 2020.

Class sizes will be limited to 6-8 students per class. No tuition will be credited or refunded for missed classes and/or inclement weather days. • Tuition and/or credits cannot be transferred to other members in your family. Tuition and/or credits cannot be transferred to other programs offered. • All classes are subject to change due to enrollment/attendance without notice. We will assist in a new class placement for your student in our programs. • Tuition is non-refundable. If an extenuating circumstance arises, please contact La Fleur Francaise/Little Orchid School to discuss potential options. • Enrollment and attendance will determine the final class schedule/instructor assignment for any class. • If applicable, closure to COVID-19, please reference our COVID learning procedures.

**Tuition Policies**

The school year consists for 34 weeks. Deposits for a spot in the 2021/22 school year of \$500 are due by March 31, 2021 and will be applied to the annual tuition. Full payment is required by June 30, 2021. Two installment plan payment due dates are April 20, 2021 and June 30, 2021.

By signing this form, I am registering for the full 2021-2022 season and will be expected to pay the full tuition. • LATE CHARGES WILL BE ASSESSED. RETURNED CHECKS, FOR ANY REASON, WILL BE CHARGED \$35.00. All unpaid balances will be referred to collection.

**PAYMENT METHOD :**

TODAY'S PAYMENT : \$ \_\_\_\_\_ DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check # \_\_\_\_\_ Cash

*\*Please include student's name(s) in check memo* \_\_\_\_ VISA \_\_\_\_ MC \_\_\_\_ DISCOVER

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_ / \_\_\_\_ V# \_\_\_\_\_

*\*Please note that all credit card payments will be billed a 2.5% processing fee\* I, \_\_\_\_\_, have read all of the information on this form concerning registration and policies. I understand I am responsible for my child's tuition for the full year (2 sessions) as well as assisting my child in following the policies of LA FLEUR FRANCAISE/ R&B Arts. I understand that all classes are subject to change due to enrollment/attendance without notice. No changes or refunds will be granted. *\*with a COVID-19 consideration when applicable\***

Parent Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *La Fleur Française*

**Waiver and Release :** We must receive this form signed, to qualify for eligibility in this program. We understand that this is STRICTLY AN ENRICHMENT PROGRAM. LA FLEUR FRANCAISE/ R & B DANCE CENTER / R&B ARTS / RIDGE 807 do not operate a daycare or preschool program / facility. Please read this form carefully and be aware in registering your child(ren) or ward(s) for participation in this program, you will be waiving and releasing all claims for injuries, you or your minor child(ren) / ward(s) might sustain, arising from the program(s) (including transportation services, when provided). You will be waiving all claims for images in photography and filming used for any and all publicity. As a parent/guardian of a participant(s) in the program(s), I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, COVID-19, damages or loss which I or my minor child(ren) / ward(s) may have as a result of participating in the program(s) against LA FLEUR FRANCAISE / R & B DANCE CENTER / R&B ARTS / RIDGE 807 and its officers, agents, employees and volunteers. Further, the undersigned hereby releases and discharges LA FLEUR FRANCAISE / R & B DANCE CENTER / R&B ARTS / RIDGE 807 and its officers, agents, employees and volunteers for any claims for any injuries, including death, damages or loss, that I or my minor child(ren)/ward(s) may incur as a result of any food allergy I or my minor child(ren)/ward(s) may have and any reaction and/or injury related thereto. I DO HERE-BY FULLY RELEASE AND DISCHARGE THE LA FLEUR FRANCAISE / R & B DANCE CENTER / R&B ARTS / RIDGE 807, its officers, agents, employees and volunteers from any and all claims from injuries, including death, COVID- 19, damages or loss which I or my minor child(ren) / ward(s) may sustain or which may accrue to me or my child(ren) / ward(s) on account of participation in the program(s) (including transportation services, when provided). I have read and fully understand the above WAIVER AND RELEASE OF ALL CLAIMS.

Parent Name \_\_\_\_\_

Student(s): \_\_\_\_\_

Signature \_\_\_\_\_ Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office Use: Date/Time received \_\_\_\_\_

La Fleur Francaise/Little Orchid  
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