

"Les Amis" Core French Program and Camp July 3 to July 27, 2012

Location: Lady Evelyn PS
63 Evelyn Ave

Time: 9 a.m. - 12 p.m.
1 p.m. - 4 p.m.



Enhance your child's French Language skills this Summer!

The focus is on further developing French language skills through classroom instruction. Music, games, reading, crafts, and group projects are designed to encourage children to explore the French culture while having fun. Instructors are competent and energetic French speakers.

Who may participate?

- Children aged 5 to 12 enrolled in Regular English Program
- Children aged 9 & 10 enrolled in Middle French Immersion Program
- Children aged 5, 6 & 7 enrolled in Early French Immersion Program

Cost and Childcare

Please see confirmation form for details.

Registration and confirmation forms are available
on the next pages.
Information herein is subject to change.



OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

Please call (613) 239-2703 for more information



"Les Amis" Summer Program

Confirmation Form

I wish to enroll my child in the "Les Amis" Summer Language Program offered by the Ottawa-Carleton District School Board (OCDSB). The program operates from 9 a.m. - 4 p.m. I would like my child to attend the program the following weeks:

	9 a.m. - 12 p.m.	1-4 p.m.
Week 1: July 3 – 6, 2012	<input type="checkbox"/>	<input type="checkbox"/>
Week 2: July 9 – 13, 2012	<input type="checkbox"/>	<input type="checkbox"/>
Week 3: July 16 – 20, 2012	<input type="checkbox"/>	<input type="checkbox"/>
Week 4: July 23 – 27, 2012	<input type="checkbox"/>	<input type="checkbox"/>

COST and CHILDCARE:

WEEK 1:	Full days	\$160	1st child
		\$140	2nd child in the same family
		\$130	3rd and subsequent children in the same family
	Half Days	\$115	a.m. or p.m. for <i>each</i> child
WEEKS 2-4:	Full days	\$200 per week	1st child
		\$180 per week	2nd child in the same family
		\$170 per week	3rd and subsequent children in the same family
		Half Days	\$140 per week

CHILDCARE: Pre: (8:30 a.m.) and Post: (4 p.m. - 4:45 p.m.) -- \$35 per child, per week

REFUND POLICY:

Fees are non-refundable less than one month prior to the start of each weekly session, except with medical certification. There will be a \$25 administrative charge for cancellation of any application.

PERMISSION REQUIRED:

I give permission for my child to participate in the "Les Amis" Program and release the OCDSB and its representatives of liability for any personal injury to any student arising out of participation in this program. Furthermore, I give permission to staff of the OCDSB to secure medical treatment in times of emergency and when immediate medical attention or intervention is required without personal liability. Upon signing below, I also confirm that I abide to the refund policy.

Child's Name: _____ Date of Birth: _____

Signature of Parent or Guardian: _____ Date: _____

Please make cheques payable to **OCDSB – International Languages**

Please send forms to:
Ottawa-Carleton District School Board
Albert Street Education Centre
Continuing Education, International Languages
E121 – 440 Albert St
Ottawa ON K1R 5B5
Attn: Myra Lapensee

Acceptance is on a first come, first served basis and the program will be offered subject to enrollment.
 Registrants will only be called if the program **DOES NOT** run.

INFORMATION IS SUBJECT TO CHANGE.

(Fill in Registration Form as well)



International Languages (Elementary) – 2012 Summer Registration Form

OTTAWA-CARLETON
DISTRICT SCHOOL BOARD

Location (IL SITE) _____

Language: _____

Date of registration _____

FOR OFFICE USE ONLY:

Instructor _____

Room _____

LANGUAGE LEVEL: Beg. Int. Adv.

STUDENT PERSONAL INFORMATION:

Student's First Name _____ Last Name _____

Student's Address (# and street) _____ APT. # _____

City _____ Postal Code _____

Date of Birth _____ Age _____ M/F _____ OHIP # _____

Student's Present School _____ Grade in Sept. _____

Check Board of Education

- OCDSB OCSB CECLF
 CEPEO OTHER (please specify)

PARENT/GUARDIAN(S) INFORMATION: (REQUIRED)

A)

First Name _____ Last Name _____

HOME # _____ WORK # _____ CELL # _____

e-mail address _____

B)

First Name _____ Last Name _____

HOME # _____ WORK # _____ CELL # _____

e-mail address _____

EMERGENCY CONTACT:

First Name _____ Last Name _____

HOME # _____ WORK # _____ CELL # _____

STUDENT MEDICAL REPORT:

It is very important that we are made aware of any medical conditions your child may have and what needs to be done in the event of an emergency (other than a call to 911).

Allergy: _____

Other Medical Concerns: _____

Remedy (eg. Epi-Pen): _____

Doctor's Name: _____

Doctor's Telephone: _____

STUDENT PHOTO RELEASE REPORT:

Photos, videos, films or interviews will only be done with the prior knowledge and consent of the school principal or designate and will not be used for commercial gain.

I/we hereby consent to the inclusion of photographs of my/our child in the following:

- class pictures, yearbook, special events/awards, videos and films
- photographers, films, or interviews taken by media as part of a school-related activity
- school board publications produced by the Communications Department
- photographs for use on school Internet pages and OCDSB public web sites

I/We hereby consent to the inclusion of any photographs of my/our child

Student Name _____

Signature of Parent/Guardian _____

Date _____

* \$10 Non-refundable consumable fee will be collected onsite. Received:

The International Languages (Elementary) Program is mandated by the Ontario Ministry of Education and is free to students eligible to attend Ontario Schools other than the \$10 activities and consumables fee. For students from Quebec, there will be a fee. Please consult the Site Administrator for the amount. Cheques are payable to *OCDSB International Languages* and are to be attached to this registration form, when registering in person. Please fill out this form and take it with you to the site.