



NEW STUDENT REGISTRATION PACKET

STUDENT INFORMATION

Full Name: _____

Date of Birth (MM / DD / YYYY): _____

Gender: _____ Boy _____ Girl

Language(s) spoken at home with parents or guardian: _____

Home Address: _____ Apt: _____

City, State: _____ Zip code: _____

FAMILY INFORMATION

Parent #1

Full Name: _____

Relationship to the child: _____

Language spoken with the child: _____

Email: _____

Phone (*Mobile*): _____ (*Work/Home*): _____

Address (if different from student)

Parent #1 Address: _____ Apt: _____

City, State: _____ Zip code: _____

Profession: _____

Parent #2

Full Name: _____



Relationship to the child: _____

Language spoken with the child: _____

Email: _____

Phone (*Mobile*): _____ (*Work/Home*): _____

Address (if different from student)

Parent #2 Address: _____ Apt: _____

City, State: _____ Zip code: _____

Profession: _____



EMERGENCY CONTACT INFORMATION

Contacts are called if parents / guardians are unavailable in the event of an accident or medical emergency.

Emergency Contact #1

Full Name: _____

Relationship to Child: _____

Home phone number: _____ Cell / Other: _____

Email: _____

Home Address: _____

Emergency Contact #2

Full Name: _____

Relationship to Child: _____

Home phone number: _____ Cell / Other: _____

Email: _____

Home Address: _____

Emergency Contact #3

Full Name: _____

Relationship to Child: _____

Home phone number: _____ Cell / Other: _____

Email: _____

Home Address: _____



HEALTH INFORMATION

MEDICAL PROVIDER, CLINIC OR HOSPITAL

Please include a copy of child's birth certificate and a current health examination form.

Physician / Clinic / Hospital Name: _____

Physician Address: _____

Physician Phone Number: _____

Allergy Information

Please check applicable box below:

_____ My child has no allergies

_____ My child's allergies are NOT life threatening. He/she is allergic to: _____

_____ My child allergies ARE life threatening. He/she is allergic to: _____

If your child suffers from life threatening allergies, it is essential that you complete the allergy's information above and personally inform your child's teacher. It is the parent's responsibility to provide guidance to FFLO French Immersion with respect to the prevention of and treatment of allergic reactions. Please ensure that the school office and your child's teachers have received specific instructions PRIOR to your child attending class in September.

Health Problems, Special Needs and Recommended Special Treatments

Please check applicable box(es) below:

_____ My child wears eyeglasses

_____ My child received / is receiving speech services

_____ My child has conditions which modify school activities (seizure, heart conditions etc.)

_____ My child has asthma

_____ My child follows a diet restriction. If so, please describe: _____

_____ My child has been hospitalized or operated on

_____ My child has had a serious accident (broken bones, head injury, poisoning, etc.). If so, please provide additional information: _____

Please provide any additional information you may want to share:



I, _____ hereby certify that the information provided above is complete and accurate.



PICK-UP AUTHORIZATION FORM

Children will not be released to minors. The pick-up person must be at least 18 years old with a valid I.D. Please, complete all information requested in the space below.

I GIVE PERMISSION FOR THE FOLLOWING ADULTS TO PICK-UP MY CHILD:

Pick-up Contact #1

Full Name: _____

Phone Number: _____

Address: _____

Relationship to child: _____

Pick-up Contact #2

Full Name: _____

Phone Number: _____

Address: _____

Relationship to child: _____

Pick-up Contact #3

Full Name: _____

Phone Number: _____

Address: _____

Relationship to child: _____

Parent/guardian Signature: _____ Date: _____



CONSENT FORM

Please check all that apply

Student's Full Name: _____

EMERGENCY MEDICAL TREATMENT:

I hereby authorize FFLO French Immersion staff and direction to facilitate necessary emergency medical treatment for my child for the duration of his/her enrollment in FFLO French Immersion Program with the understanding that the student's parents and/or guardians will be notified as soon as possible. It means that if a child were to become ill or injured while in school, the teachers and staff are authorized to seek emergency medical treatment, such as calling an ambulance or taking the child to a doctor, if needed.

_____ I authorize FFLO French Immersion to perform emergency medical treatment on my child.

_____ I do not authorize FFLO French Immersion to perform emergency medical treatment on my child.

PHOTO PERMISSION:

I give permission for my child to have his/her pictures taken while enrolled as a participant at FFLO French Immersion program. I give further permission for these photos to be used by FFLO French Immersion for internal and external publicity. I understand that these photos may be used by FFLO French Immersion for its own brochure, pamphlets, newsletters, French for Little One's Instagram, and website publications. I also understand and give permission that such photos may be submitted to the press for publicity, new releases, feature stories and advertising FFLO French Immersion Program.

_____ I give my permission that photos of my child may be used for internal and external marketing purposes.

_____ I do not give my permission that photos of my child may be used for internal and external marketing purposes.

PRIVATE CLASSROOM INSTAGRAM

I give permission for my child to have his/her pictures taken while enrolled as a participant at FFLO French Immersion program. I give further permission for these photos to be posted on the private

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Instagram Classroom Account running by FFLO French Immersion’s direction and staff. I acknowledge that the classroom Instagram account is set to private, and the teacher will only accept direct parent requests to follow the account. This is to respect everyone’s privacy and to ensure that only parents or legal guardians have access to the classroom’s social media content. Requests from family members such as cousins, aunts, uncles, etc., will not be accepted, in accordance with the privacy and consent policies in place.

_____ I give my permission that photos of my child may be used and posted on the classroom Instagram Account.

_____ I do not give my permission that photos of my child may be used and posted on the classroom Instagram Account.

Parent/guardian Signature: _____ **Date:** _____



TUITION AND FEE SCHEDULE

2025-2026

Below you will find the tuition fee schedule for the 2025-2026 school year. Please review the fee schedule that corresponds to your child’s classroom and schedule. By enrolling your child in the FFLO French Immersion Program, you agree to the payment terms outlined below.

			TUITION AMOUNT
PROGRAMS	SCHEDULE	HALF-DAY*	FULL DAY*
2’S PROGRAM	2 DAYS/WEEK	\$12,800/year	Spot limited
2’S PROGRAM	3 DAYS/WEEK	\$15,600/year	Spot limited
2’S PROGRAM	5 DAYS/WEEK	\$21,000/year	\$23,000/year
3’S PROGRAM	5 DAYS/ WEEK	N/A	\$23,000/year
4’S PROGRAM	5 DAYS/WEEK	N/A	\$23,000/year

The schedule shown above does not include additional fees related to after-school program, extra day(s), early drop off, late pick up, camp recess and summer camp.

Payments Schedule:

FFLO operates over a 10-month period, from September to June. The first payment for tuition is due on **August 15th**, which will cover the tuition for **September**. Parents may choose to pay tuition on a **monthly, trimester, or yearly** basis:

- **Monthly Payments:** Monthly tuition is payable in **ten (10) installments**, with the first payment due on **August 15th**. Subsequent payments are due on the **15th of each month**
- **Trimester Payments:** Tuition for the trimester plan is payable in **three (3) installments**: the first payment is due on **August 15th**, the second on **November 15th**, and the third on **February 15th**.
- **Yearly Payment:** The full yearly tuition amount is due on **August 15th**.

1. August 15th (*First monthly or trimester payment or yearly payment*)
2. September 15th
3. October 15th
4. November 15th (*Second trimester payment*)

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5. December 15th
6. January 15th
7. February 15th (*Third and last trimester payment*)
8. March 15th
9. April 15th
10. May 15th
11. June 15th

Brightwheel software:

FFLO uses Brightwheel primarily for invoicing and payment tracking. Currently, we do not process payments directly through the software, so **please do not enter your credit card information** into the Brightwheel platform. Invoices will be automatically generated and sent to you **3 days before the due date**. Additionally, receipts will be generated automatically on the **17th of each month** and will be sent to you at that time. This system ensures that your invoicing and payment records are accurate and up to date. For **tax purposes**, you may download your receipts directly from Brightwheel. Our **EIN number** is included on all invoices for your convenience. To ensure that you receive invoices and receipts, you will need to **sign up for Brightwheel** and create a profile for your child. <https://mybrightwheel.com>

Late tuition payment:

We understand that sometimes things happen, and we strive to be flexible. However, to ensure smooth operations, we have implemented a **\$50 late payment fee** that is **non-refundable**. Friendly reminders are sent **3 days before the due date** to help you stay on track with payments. We assume that if payment is not received by the due date, despite these reminders, the late fee will apply. The **\$50 late payment fee** will be added to your account on the **18th of the month** and will be included in your **next monthly payment**. We appreciate your understanding and cooperation in ensuring that payments are made on time, as this helps us maintain the quality of care, we provide to all our families

Early drop off / Extended day:

FFLO French Immersion offers early morning drop-off for an additional fee of **\$18 per child**, available with at least 24 hours' notice. For early drop-off on Mondays, please ensure that we receive your notification via email by 4:00 PM on Friday. Early drop-off is available between **8:00 AM and 8:45 AM**.

This policy applies to students who are registered for full-time care until **3:00 PM**. If your child is not picked up by **3:00 PM**, they will be transferred to the care of **Play Kids Greenpoint staff**. Please be aware that **Play Kids Greenpoint** will apply a **late charge** for any pick-ups after **3:00 PM**.



Play Kids After-School Program

Please note that Play Kids Greenpoint operates independently from FFLO, French Immersion. FFLO French Immersion does not run or operate the after-school program, and all related inquiries must be addressed directly to Play Kids Greenpoint. FFLO students may not have priority in securing a spot in the after-school program if they are not registered by the specified deadline. Since the program is available to a wider group of students, it is important to **register on time** to ensure your child's placement. <https://www.playgreenpoint.com/home>

FFLO - Day Camps

FFLO French Immersion may also offer day camps during recess or official holidays for FFLO families, provided there is sufficient interest. To determine whether a camp will be available, we require a minimum of 5 students enrolled per day. If you are interested in enrolling your child in a day camp, please let us know **at least 2 weeks in advance** of the scheduled break or holiday. Once we receive interest from parents, we will send out a **survey** to all FFLO families to confirm whether the camp will be offered. If we have enough responses, we will proceed with organizing the camp for the designated dates.

Parent/guardian Signature: _____ **Date:** _____



FINANCIAL AGREEMENT

School Year 2025-2026

Current Student Registration Deadline: The deadline to submit your application and deposit is **January 31st, 2025**. After that, we will assume that you forfeit your spot at FFLO French Immersion LLC and your spot cannot be guaranteed.

Application Fee Policy for FFLO student of Siblings

If you are currently an FFLO parent and wish to enroll a second child who is not yet part of the FFLO program, please note that there is an application fee for the new student. However, **no application fee** is required for children who are already enrolled in the FFLO program.

Deposit Payment Instructions

For the deposit payment, we would prefer that you submit a **check**, which we can hold and cash on **May 15th**, as there is no tuition payment scheduled for that day. This allows us to manage the deposit effectively and avoid any disruption to your payment schedule. If you do not have a check available, please submit your deposit payment via Zelle, Venmo, or PayPal no later than **January 31st 2025**.

Deposit Policy

Please note that your **deposit** is **non-refundable**. The deposit will be applied towards your last month's tuition for the school year, which is **June 2026**. Please note that the deposit will be **cashd at the time of registration**, not at the end of the year. It is important to understand that the deposit is part of your total tuition, **not an additional fee**.

If you have submitted a deposit but later decide to withdraw from the program or are no longer interested in enrolling, please be aware that the deposit will not be refunded under any circumstances.

Withdrawal Policy

If you wish to withdraw your child from the FFLO program, written notice must be provided at least **30 days** prior to withdrawal. For families withdrawing during the summer, notification must be received by July 1st in order to be excused from paying September's tuition, which is due on August 15th. Please note that once monthly tuition has been paid, **no refund** will be issued if the child is withdrawn. Additionally, the **application fee** and **deposit tuition for June** are **non-refundable**. If written notification is given with **less than 30 days' notice**, the family is still responsible for the tuition for the 30 days following the notification.

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New Student Registration Deadline: The deadline to submit your application and deposit is **January 31st, 2025**. After that, we will assume that you forfeit your spot at FFLO French Immersion LLC and your spot cannot be guaranteed.

Sibling discount

A 10% sibling discount is offered on the second child's tuition (youngest) if both siblings are enrolled at the same time during the same school year.

Referral discount

Word of mouth is one of our most valued forms of marketing, and we truly appreciate your support in recommending FFLO to others. We're excited to offer a **referral discount** for families who share their positive experiences with others. If you refer a new family to FFLO who successfully enrolls, you will receive a **discount on your child's tuition** as a token of our appreciation. Please reach out to us for more details on how you can take advantage of this special offer!

Make-Up Day and Absence Policy

We understand that unexpected situations—such as illness, vacations, or personal matters—can sometimes lead to missed school days. However, please note that regardless of the reason for absence, including scheduled school holidays, **tuition charges still apply for missed days**. This is to ensure fairness and consistency for all families, and we have a **no-exceptions policy** regarding billing for absences.

We also recognize that there may be times when you require additional childcare beyond your child's regular schedule. If your child is registered part-time and you would like to request an extra day of care, please **email us at least 24 hours in advance**. We will do our best to accommodate your request based on availability. Please note that additional days of care will be billed at a rate of **\$130 per day**. Once your payment is received, you will receive a confirmation email.



TUITION PAYMENT OPTIONS

- 1. **Monthly Payment** - *Payment in 10 installments*
 First tuition payment is due on August 15th, 2025, for September tuition. (Please note the month is due 30 days before). Your last monthly tuition payment will be on April 15th for May tuition.

- 2. **Trimester Payment** - *Payment in 3 installments*
 First tuition payment is due on August 15th for September, October and November tuition.
 Second tuition payment is due on November 15th for December, January and February tuition.
 Your last trimester tuition will be due on February 15th for March, April & May tuition.

- 3. **Yearly Payment** - *Payment in 1 installment*
 If you choose to pay for the full year of tuition, your payment will be **due on August 15th**. By selecting this option, you will receive a **\$500 reduction** in tuition. Please note that the yearly payment must be made in one installment via check only to FFLO French Immersion LLC. The \$500 discount will not apply if we receive multiple payments throughout the school year. This discount is only valid when the full yearly tuition is paid in a single payment on August 15th.

Please also understand that by choosing the **yearly payment option**, FFLO French Immersion LLC does not offer a refund if you decide to withdraw your child or if you leave the program early. The full tuition remains non-refundable under these circumstances.

Returned Check Fee

A fee of \$15.00 will be assessed for all returned checks.

Payment options

Please select a payment plan method:

- Monthly Payment
- Trimester Payment
- Yearly Payment

_____ (initial) I understand that payment is to be made by the 15th of each month starting August 15th.

Parent/guardian Signature: _____ **Date:** _____



Recurring Payment Authorization Form

This form is required if you choose to pay monthly or by trimester.

I, _____ authorize FFLO French Immersion LLC to charge my credit card indicated below on the (date) _____ of each MONTH for tuition payment of my child/ren. I understand that this authorization will remain effect until I cancel it in writing, and I agree to notify FFLO French Immersion LLC in writing of any changed in my account information or termination at least 15 days prior to the next billing date. If the information above fall on weekends or holidays, I understand that the payment may be proceed on the next business day. I certify that I am an authorized user of this credit card. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that FFLO French Immersion LLC may at its discretion attempt to process the charge again within 30 days and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Card holder full name: _____

Billing Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Card Number: _____
Expiration Date: _____
CVV: _____
Zip Code: _____
Bank City/State: _____

Parent/guardian Signature: _____ **Date:** _____



AGREEMENT

I have read the Tuition and Attendance Policies for FFLO French Immersion LLC. I agree to pay the fees according to their policy. I understand that if I do not pay, my child will be put on a waiting list and another child will be given his/her place. I also understand that if my account becomes exceedingly delinquent, FFLO French Immersion LLC may be forced to hand my account over to a collection's agency.

In the event that FFLO French Immersion LLC is postponed for circumstances beyond our reasonable control, including, without limitation, as a result of natural disaster, fire, flood, general strike, war, armed conflict, terrorist attack, nuclear or chemical contamination, epidemic, pandemic, disease outbreak, changes in applicable laws, government orders or mandates, work stoppage, national, regional and international emergencies and force majeure. In such events, FFLO French Immersion LLC tuition payments will be still due. FFLO French Immersion LLC will make a good effort to perform its contractual duties despite the occurrence of force majeure events.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____