



FRENCH READING/ SPELLING CLASS 2009 - 2010

Location : The ISC at Belmont Campus, 830 Monticello Avenue

Teacher : Sybil Hasson

F A L L		MONDAY- beginner 3:30 – 4:30	MONDAY intermediate 4:30 – 5:30	WEDNESDAY advanced 3:30 – 4:30
	September	14 . 21 . 28	14 . 21 . 28	16 . 23 . 30
October	5 . 12 . 19 . 26	5 . 12 . 19 . 26	7 . 14 . 21 . 28	
November	2 . 9 . 16 . 23 . 30	2 . 9 . 16 . 23 . 30	4 . 11 . 18	
December	7 . 14	7 . 14	2 . 9 . 16	
TOTAL	\$ 238	\$ 238	\$ 221	
TOTAL 2 classes or 2 children	\$ 460		\$ 430	
W I N T E R	January	4 . 11 . 25	4 . 11 . 25	6 . 13 . 20 . 27
	February	1 . 8 . 22	1 . 8 . 22	3 . 10 . 17 . 24
	March	1 . 8 . 15 . 22 . 29	1 . 8 . 15 . 22 . 29	3 . 10 . 17 . 24 . 31
	TOTAL	\$ 187	\$ 187	\$ 221
	TOTAL 2 classes or 2 children	\$ 360		\$ 430
S P R I N G	April	12 . 19 . 26	12 . 19 . 26	14 . 21 . 28
	May	3 . 10	3 . 10	5 . 12
	TOTAL	\$ 85	\$ 85	\$ 85
	TOTAL 2 classes or 2 children	\$ 165		

Please mail the attached enrollment form along with full tuition by the first day of class.
Contact Sybil HASSON (434) 984 21 74 with questions.



Registration for enrichment classes

Child's Name _____ Gender M___F___ DOB_____

Parent/

Guardian's Name _____

Address:

Phone home _____ cell _____

Phone work _____ email _____

Class French reading/spelling

Monday 3:30 to 4:30 _____ Monday 4:30 to 5:30 _____ Wednesday 3:30 to 4:30 _____

Emergency Information

Child's physician : _____ phone _____

Health concerns (allergies, food sensitivities, etc.):

Emergency contacts (must be local and allowed to pick up child)

Name	address	phone
1. _____	_____	_____

2. _____	_____	_____
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I, _____ allow The International School of Charlottesville to seek immediate medical assistance in case of emergency. The ISC will notify me as soon as possible of any emergency. In case of sudden illness of my child, I will arrange to have my child picked up immediately.

If my child is not picked up promptly by the end of the class, he/she will automatically be cared for by the Extended Care Service at ISC. I will be responsible for the full fee of Aftercare.

Signature: _____ Date: _____

Please enclose full tuition payment with this registration form.