

Class Registration Form

Please Print

Name: _____

Parent or Guardian (if a minor): _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Class Requested:

- Group
Semi-private
Private

Class Requested:

- Adult
Child (K-8th)

(For Group Classes only)

Period Requested:

- Winter
Spring
Summer
Fall

Please contact us by e-mail at contact@afjacksonville.org if you need additional details

I have read and agree to be bound by the terms of this form and the Alliance Française de Jacksonville's Language Learning Policy as provided. Policy is available by clicking on "Language Learning Policy" at www.afjacksonville.org/learn-french.html

Signature: _____ **Date:** _____

(Parent or Guardian if applicant is a minor)

Amount Enclosed: _____ **(Cost details are available for each type of class at www.afjacksonville.org/learn-french.html)**

Please submit completed Class Registration Form along with check made payable to "Alliance Française de Jacksonville" to:

**Alliance Française de Jacksonville
1628 San Marco Blvd., Ste 9
Jacksonville, FL 32207**

OFFICIAL USE ONLY

Level Assigned: _____

Course Number Assigned: _____ Date: _____ Time: _____

Teacher Assigned: _____

Payment Received: _____ Date: _____

Tuition Fees/Hours Purchased: _____ Payment Type: _____