

ALLIANCE FRANÇAISE DE NEW HAVEN CLASS REGISTRATION FORM

Name _____

Address _____

City, State, Zip _____

Phone# Home _____ Work _____ Cell _____

E-mail address _____

Previous French Course Name, Institution and date _____

TUITION FEES:

Class you are signing for: _____

Adult Classes: 10 weeks - \$305 \$ _____ **(\$285 if paid one week prior to first class)**

Membership Alliance Française: If new member, add membership to the Alliance Française of New Haven (\$30 for student, \$35 for senior, \$45 for individual, \$55 for couple and \$60 for family):
\$ _____

Total (Tuition + Membership if applicable): \$ _____

NOTE: NO Class will run if less than 4 students are registered in it.

Please enclose a check, payable to “Alliance Française of New Haven” and mail it to Alliance Française of New Haven, P.O. Box 207333, New Haven, CT 06520

HOW DID YOU HEAR ABOUT THE ALLIANCE FRANÇAISE?

() Newspaper () Internet () Other _____

WITHDRAWAL POLICY:

In view of our nonprofit status, our commitment to keeping tuition costs down, and our responsibility to our teacher, tuition fees cannot be transferred to another session, to another person, or to a private lesson. For all courses: All cancellations must be received in writing. Please state the course name, the number of classes attended and the reason for the cancellation. Refunds will be processed according to the following:

- If a request is made in writing before the beginning of the first class, class tuition will be refunded; however a \$25 cancellation fee will be deducted.
- If a request is made in writing before the second class, you will be refunded the full cost of the course; however a \$25 cancellation fee + \$25 for the first class will be deducted.
- After the second class, no refund will be given.
- When a course is cancelled by the Alliance Française, payments are then refunded in full or make-up class is scheduled.
- No refund or credit will be given for classes not attended.

I have read and accept the withdrawal policy. Yes _____

Signature _____ **Date** _____

Check our website for programs: www.alliancefrancaisenehaven.org