



Fall After Camp Club Form

Oct 17-21 (Monday to Friday from 3-5pm)

Student name:

DOB:

Grade:

Parent(s) / Guardian(s) name :

Phone :

Email :

Fall After Camp Club

Monday to Friday	3-5pm	\$100	
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New program: We will need at least 3 students registered in this program to open.

Paid check #

If paid copy invoice to parent? Yes No

- Credit card - **(VISA-Mastercard- Discover-Amex ONLY) – NO DEBIT CARD** - we don't keep credit card info on file for security reasons. **There is a 3.5% surcharge, on top of the Grand total, issued by the credit card processor. Payment needs to be made in person with a card in hand.**
- **Forms must be returned with the complete payment. Check payable: Le Lycee francais de San Diego**

Parent / Guardian name:

Signature:

Date:

Lycée Français de San Diego

EPD Init ___/___

<https://lfsd.org>

Admin :

Inv #:

Date :