



LÉMAN EXPLORERS REGISTRATION

Child's Name: _____ Gender: M F

Name usually called: _____ Date of Birth: ____/____/____

Current School: _____

Child's Home Address: _____

How did you hear about Léman Explorers?: *Please be as specific as possible (name of website or blog, a person or school who referred you)*

Name of Parent Guardian #1: _____

Employer: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name of Parent Guardian #2: _____

Employer: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Who will be attending Léman Explorers with your child? Parent 1 Parent 2 Other Grown Up

First and Last Name (*Other Grown Up*): _____

Relationship to your child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship to your child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please submit to:

LÉMAN MANHATTAN PREPARATORY SCHOOL - ADMISSIONS OFFICE

41 BROAD STREET, NEW YORK, NY 10004 PHONE: 212-232-0266 FAX: 212-813-3216 ADMISSIONS@LEMANMANHATTAN.ORG

LEMANMANHATTAN.ORG

Schedule and Tuition - 2018

Thursday, Sept 13, 2018 - Thursday, June 13, 2019
9:30am - 11am, 2pm - 3:30pm
\$4,850 / year

One-Pay: \$4,850

PAYMENT DETAILS *2018 - 2019 School Year*

CREDIT CARD: AMEX VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

REGISTRATION TERMS

- 1. All program registration payments received by Léman Manhattan are nonrefundable.
- 2. Léman Manhattan reserves the right to cancel a class or section for which there is insufficient registration, in which circumstance families will be notified and will receive a full refund.
- 3. There are no make-up classes.

I (your name) _____ understand and have read these registration terms and agree to all stipulations. Photographs and videos in which my child appears may be used by Léman Manhattan Preparatory School for promotional and marketing purposes.

Signature of Parent or Guardian _____ **DATE:** _____

Please submit to:

LÉMAN MANHATTAN PREPARATORY SCHOOL - ADMISSIONS OFFICE

41 BROAD STREET, NEW YORK, NY 10004 PHONE: 212-232-0266 FAX: 212-813-3216 ADMISSIONS@LEMANMANHATTAN.ORG
LEMANMANHATTAN.ORG