



Mail to: Alliance Française de Saint Louis
930 N. McKnight Road
St. Louis, MO 63132

Membership and Class Registration Application

QB Entry
Books Del'd
Membership Expir Date
Notified Teacher

REQUIRED (Circle one): Term 1 2 3 4 5 6 7 8

Personal Information- ALL INFORMATION REQUIRED TO PROCESS REGISTRATION

First Name: Last Name: Kiwi ID:

Name of Guardian: Last Name: Child's DOB Kiwi ID:

Address:

City: State: Zip:

E-mail: Phone: Cell

How did you hear about us?

Internet Radio Newspaper Referral Reputation Other

Class Registration (fill if you are registering for class). Indicate the class(es) for which you wish to register.

Class: Day: Time: Teacher:

\$192/96 per adult class Accounting Codes:

\$192/144/96 per children's classes (Summer) \$96/72/48

\$230 for 5 hrs tutoring/280 for tutoring off-site

Fluency: Beginner (A1) Intermediate (B1) Advanced (C1)
Adv'd Beginner (A2) Adv'd Intermediate (B2) Master or Proficient (C2)

PLEASE NOTE THERE IS NO PRORATING IF YOU MISS CLASSES.

YOU ARE WELCOME TO MAKE UP IN ANOTHER CLASS.

Membership Registration (fill if you are registering as a member).

Students are required to be a member in good standing. Membership is from September to September.

Renew/Join as a new member. Select one of the following membership levels:

- Individual \$50.00 After April 1, \$25.00 Benefactor \$125.00
Family \$80.00 After April 1, \$40.00 Angel \$250.00
Student \$25.00 After April 1, \$12.50 Patron \$500.00
Life \$2,500.00

PLEASE NOTE AMOUNTS DONATED ABOVE THE REQUIRED MAY BE TAX DEDUCTIBLE.

Class or tutoring \$360/ 310/ 280/ 230/ 192/ 144/ 96 Books \$58/ 45 Membership \$80/ 50/ 40/ 25/ 12.50

OFFICE USE ONLY:

Total Payment Amount

Credit Card SEQ# Check # Cash

Tutoring Interest Form

Location for Lessons (please rank 1st and 2nd) AFSTL___ Teacher's Home___ Student's Home___

Other Location: _____

Preferred Time of Lessons (please circle): Morning (9-Noon) Afternoon (Noon-4) Evening (4-9)

Days Available for Lessons:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of Students: One Two Three Other Number _____

What is your goal? _____

When do you want to start? _____

Special Requests: _____

I acknowledge that any cancellation or rescheduling within 24 hours of a personal tutoring session and/or failure to notify my teacher of a cancellation may result forfeiting the class with no chance of reimbursement.

Signature: _____

Administration Only

Student Assigned to Whom? _____

Student notified? _____

Enrollment Verified _____