**Registration Form**

Thank you for filling out this form

1. **Child’s legal representative making the registration request**
* Title:
* Last Name: First Name:
* Nationality:
* Phone number, including the area code:
* Email:
* City:
1. **Child to be enrolled in the PELF**
* Last Name: First Name:
* Age:
* Date of Birth:
* Nationality:
* Parent’s nationalities: Mother…. Father….
1. **The child is registered with Registre des Français établis hors de France**

🞏 Yes 🞏 No

1. **Check the box**

🞏 I hereby certify that my child is not enrolled in a French-language program at a French educational institution

🞏 I certify that my child has access to an internet connection and a device that allows them to attend the online course, whether at home, with a relative, a neighbor, a third party, or within a school or institution offering the courses.

🞏 I accept that my personal information collected in this form may be processed for the implementation of the PELF course offer: for the verification of the registrant's eligibility for the PELF offer (by the Consulate and the cultural service of the French Embassy), for contact regarding the organization of courses (by our organization [...]), and for the evaluation of the pilot program by the Ministère Français des Affaires Etrangères.

1. **Preferred day and time for the 20h course, one hour per week starting end of October or beginning of November.**

🞏 Tuesday 16h30-17h30 or 🞏 Thursday 16h30-17h30 or 🞏 Another day and time : ………

**Your child's language profile**

1. **What languages are spoken or heard within your family?**
2. **Which language(s) does your child use most often at home?**
3. **Which language(s) does your child use at school and with friends?**
4. **If applicable, who does your child speak French with?**

🞏 Father 🞏Mother 🞏 Brothers and/or sisters 🞏 Other (please specify): ……………….

🞏 No one speaks to him/her in French.

1. **How often does your child express themselves in French?**

🞏 Never or only a few times a year 🞏 A few times a month 🞏 A few times a week 🞏 Every day

1. **In their use of French, you believe that your child…**

🞏 does not speak or understand the language at all.

🞏 does not speak the language but can understand simple things.

🞏 can express themselves very limitedly and understand some simple things.

🞏 can express themselves fairly well and understand almost everything they hear.

🞏 can express themselves fluently and understand everything easily.

1. **Has your child ever taken French classes?**

🞏 In a language school (Alliance Française or others) 🞏 With a private teacher?

And if so, approximately how many hours?

1. **What motivated you to enroll your child in the PELF?**
2. **What do you expect from the French courses within the PELF?**