

Family Learning Center's "Kids Club!"
A Community Service of Good Shepherd Christian Church
940 S. Stelling Rd, Cupertino, CA 95014

Student Registration Form
(One per Child)

# of Children Enrolling	<input type="text"/>
Child's First Name	<input type="text"/>
Child's Last Name	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Grade Completed	<input type="text"/>
Last School Attended	<input type="text"/>
Birth Date (mm/dd/yyyy)	<input type="text"/>
Class Options	<input type="checkbox"/> Kindergarten AM (12:00pm - 6:00pm) <input type="checkbox"/> Kindergarten PM (3:00pm - 6:00pm) <input type="checkbox"/> Grades 1 - 6 (3:00pm - 6:00pm)
Weekly Option	<input type="checkbox"/> 5 Days/Week <input type="checkbox"/> 4 Days/Week <input type="checkbox"/> 3 Days/Week <input type="checkbox"/> 2 Days/Week <input type="checkbox"/> 1 Day/Week
Student Pickup-Service (Available at an extra charge)	Record the school's dismissal time: Mon. _____ Tue: _____ Wed: _____ Thr: _____ Fri: _____
Home Address	<input type="text"/>
Child's Residence	<input type="checkbox"/> Live w/ mom and dad <input type="checkbox"/> Live w/mom only <input type="checkbox"/> Live w/dad only
Comments	<input type="text"/>

- **Does the child have any food allergies and/or special medical condition(s)? If yes, please explain.**

- **Does the child have any other special needs? If yes, please explain below.**

(Continue on back please...)

Parent #1

First & Last Name	<input type="text"/>
Day Phone	<input type="text"/>
Evening Phone	<input type="text"/>
Cell Phone	<input type="text"/>
E-mail	<input type="text"/>

Parent #2

First & Last Name	<input type="text"/>
Day Phone	<input type="text"/>
Evening Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Email	<input type="text"/>

IN CASE OF AN EMERGENCY (if parent/guardian is not available) PLEASE NOTIFY:

Friend/Relative's Name: _____ Phone(s): _____

Doctor Name: _____ Phone(s): _____

For Staff Use Only

Reg. Fee: _____

Monthly Tuition_ \$_____ per week x _____ weeks = _____

Monthly Materials Fee: \$_____ per week x _____ weeks = _____

Total: _____

Early-Bird Discount: _____

Other Discount(s): (Referral, Sibling, etc.): _____

Grand-Total (due before 1st day of instruction): _____

Enrollment Reservation Complete upon Receipt of the Following:

_____ \$100 Non-Refundable Deposit Check, Payable to "Family Learning Center"

_____ Check #: _____, Amount: _____

_____ This Student Registration Form, Completely Filled

_____ The Policy Agreement Document, Signed and Dated