## 2019 School Year Fall Semester Registration Form

# Foothill Chinese School

**Mailing address : P.O. Box 404**

**La Canada Flintridge, CA 91012**

**Phone: 818-405-7279**

**Email: fcsafterscoolcare@gmail.com**

**http://www.foothillchineseschool.org**



Please check the class enrolling:

Program dates: **August 15 – December 20, 2019**.

Please Specify: [ ] Monday Class ($375) (15 sessions)

[ ] Tuesday/Wednesday Class ($425) (17 sessions)

[ ] Thursday/Friday Class ($450) (18 sessions)

The registration fee is **$50.** Pre registration is **$35 made before June 7th**.

The10% discount is offered to additional sibling only.

Please make all check payable to: **Foothill Chinese School**.

Please print clearly for the Parent/Guardian Information.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | | | | | | | | | |
| Full Name |  | | | | | | | | | | | |  | |  | |
| First | | | | | | | | | | | | | Last | | M.I. | |
| Address | |  | | | | | | | | | | |  | | | |
| Street Address | | | | | | | | | | | | | Apartment/Unit # | | | |
|  | |  | | | | | | | | | | |  | | |  |
| City | | | | | | | | | | | | | State | | | ZIP Code |
| School in Fall | | |  | | | | | | | Grade in Fall | |  | | | | |
| Home Phone | | |  | | | Birth Date | |  | | | | Gender | | [] Male[] Female | | |
|  | | | | | | | | | | | | | | | | |
| Parent/Guardian Information | | | | | | | | | | | | | | | | |
| Parent/Guardian Name | | | |  | | | | | Relationship to Child | | | |  | | | |
| Work Phone | | |  | | Cell Phone | |  | | | | Email |  | | | | |
| Parent/Guardian Name | | | |  | | | | | Relationship to Child | | | |  | | | |
| Work Phone | | |  | | Cell Phone | |  | | | | Email |  | | | | |
|  | | | | | | | | | | | | | | | | |
| Emergency  Contact Name | | | |  | | | | | Phone | |  | | | | | |
| Other than Parent/Guardian | | | | | | | | | | |  | | | | | |

In case of accident or injury, I give my permission for the school staff to do what is necessary in their judgment for my child/children’s health and safety. Yes No

Permission to use photos of the student: Yes No

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_