## 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 ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_