



# Fall 2009 REGISTRATION FORM

## STUDENT INFORMATION:

Name: \_\_\_\_\_  
                    First                    Middle                    Last

Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Male  Female  Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Enrollment Status:       New       Returning (Date of last attendance at weLearn: \_\_\_\_\_ )

How did you learn about weLearn: \_\_\_\_\_

## For Office Use Only

Today's Date: \_\_\_\_\_

Total Amt Paid: \$ \_\_\_\_\_

Payment method: \_\_\_\_\_

Program: \_\_\_\_\_

Initials: \_\_\_\_\_

### Enrichment Classes:

- Class 101: Math
- Class 201: Reading

### Payment Plan:

- 2 – Day a week  \$120/mo or  \$410/fall 2009 (9/8 thru 12/18)
- 3 – Day a week  \$180/mo or  \$615/fall 2009 (9/8 thru 12/18)
- 4 – Day a week  \$240/mo or  \$810/fall 2009 (9/8 thru 12/18)

### Mandarin Chinese Classes:

- Class 300: For Preschooler
- Class 301: Beginning I
- Class 302: Beginning II
- Class 303: Intermediate

### Payment Plan:

- \$50/mo or  \$165/fall 2009

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

## EMERGENCY CONTACTS AND MEDICAL INFORMATION:

Parents/guardians plus the following person(s) may pick up \_\_\_\_\_ from school and may be called in case of emergency:

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Child's Health Plan: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical problems, including any allergies? Yes  No  If yes, Please explain: \_\_\_\_\_

In the event of a health-related emergency, I authorize a staff member of weLearn to take my child either to the above named physician or the nearest Emergency Hospital for treatment and emergency measures deemed necessary for the safety and protection of my child.

Parent or Legal Guardian Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_