



SPRING 2010 REGISTRATION FORM

STUDENT INFORMATION:

Name: _____
 First Middle Last

Grade Level: _____ School: _____

Male Female Date of Birth: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

How did you learn about weLearn: _____

For Office Use Only

Today's Date: _____

Total Amt Paid: \$ _____

Payment method: _____

Program: _____

Initials: _____

<u>Enrichment Classes:</u> <input type="checkbox"/> Class 101: Math <input type="checkbox"/> Class 201: Reading <u>Payment Plan:</u> 1 – Day a week <input type="checkbox"/> \$315/spring 2010 or <input type="checkbox"/> 5 installments of \$70 2 – Day a week <input type="checkbox"/> \$595/spring 2010 or <input type="checkbox"/> 5 installments of \$126 3 – Day a week <input type="checkbox"/> \$875/spring 2010 or <input type="checkbox"/> 5 installments of \$189 4 – Day a week <input type="checkbox"/> \$1100/spring 2010 or <input type="checkbox"/> 5 installments of \$252	<u>Mandarin Chinese Classes:</u> <input type="checkbox"/> Class 300: For Preschooler <input type="checkbox"/> Class 301: Beginning I <input type="checkbox"/> Class 302: Beginning II <input type="checkbox"/> Class 303: Intermediate I <input type="checkbox"/> Class 304: Intermediate II <u>Payment Plan:</u> <input type="checkbox"/> \$238/spring 2010
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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: _____