



# Way to Go After School Spanish Immersion Program 2017-2018 Registration

Grades K-8<sup>th</sup>

Operating at Los Altos Christian School Facility

## Child Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Gender: Male/Female

Doctor's Name and Telephone Number \_\_\_\_\_

Dentist's Name and Telephone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

## Parent/Guardian 1 Information

Parent's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code \_\_\_\_\_ Child lives with this Parent? Yes/No

Authorized to Pick Up the Child at Anytime? Yes/No

**Parent/Guardian 2 Information**

Parent's Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code \_\_\_\_\_ Child lives with this Parent? Yes/No

Authorized to Pick Up the Child at Anytime? Yes/No

Other persons authorized to pick up my child:

Name: \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

My Child will be enrolled in the following program

_____ After School M-F 3:30 PM-5:30 PM (No Transportation)	\$515 per month
_____ After School M-F 3:30 PM-5:30 PM (With Transportation)	\$615 per month
_____ After School M-F 12:15 PM-5:30 PM (No Transportation)	\$745 per month
_____ After School M-F 12:00 PM-5:30 PM (With Transportation)	\$845 per month
_____ Hourly Fee (drop in) if available	\$20 per hour billed after
_____ Daily Fee without transportation	\$50 1 <sup>st</sup> -8 <sup>th</sup>
	\$65 Kinder

Indicate which days: \_\_\_\_\_

Checks payable to: **Way to Go Foundation, Inc.**

Online Payment at: [www.waytogoprograms.com](http://www.waytogoprograms.com)

For more information contact:

**Luckie Leiva**

**Way to Go Foundation Inc.**

**Programs Director**

**E-mail:** [info@waytogoprograms.com](mailto:info@waytogoprograms.com)

408.829.2460