



# Way to Go After School Spanish Immersion Program 2021 – 2022 Registration

Grades K-7th

## 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 3:30 PM-5:30 PM (No Transportation)

\_\_\_\_\_ After School 3:30 PM-5:30 PM (With Transportation)

\_\_\_\_\_ After School 12:15 PM-5:30 PM (No Transportation)

\_\_\_\_\_ After School 12:00 PM-5:30 PM (With Transportation)

\_\_\_\_\_ Customized Individual schedule or Single days

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

Online Payment upon request

For more information contact:

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**Way to Go Foundation Inc.**

**Programs Director**

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