



2009 REGISTRATION FORM

STUDENT INFORMATION:

Name: _____
 First Middle Last

Grade Level: _____ School: _____

Male Female Date of Birth: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

Referred by: _____

For Office Use Only

Today's Date: _____

Total Amt Paid: \$ _____

Payment method: _____

Program: _____

Initials: _____

- | | |
|---|--|
| <input type="checkbox"/> Class 101: Math - Mon, Wed & Fri (\$180/mo) | <input type="checkbox"/> Class 201: Reading - Tue & Thur (4-5pm) (\$80/mo) |
| <input type="checkbox"/> Class 301: Chinese I - Tue & Thur (\$50/mo) | <input type="checkbox"/> Class 302: Chinese II - Mon & Wed (\$50/mo) |
| <input type="checkbox"/> Class 301: Chinese I - Sunday (\$50/mo) | <input type="checkbox"/> Class 302: Chinese II - Sunday (\$50/mo) |
| <input type="checkbox"/> Class 304: Chinese IV - Tue & Thur (\$50/mo) | <input type="checkbox"/> Summer Camp: Mon - Fri (\$450/10-day session) |

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: _____