



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

Grades K-8th

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)

_____ After School M-F 3:30 PM-5:30 PM (With Transportation)

_____ After School M-F 12:15 PM-5:30 PM (No Transportation)

_____ After School M-F 12:00 PM-5:30 PM (With Transportation)

_____ Hourly Fee (drop in) if available

_____ Daily Fee without transportation

Indicate which Month or Days:

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

Online Payment at: www.waytogoprograms.com

For more information contact:

Luckie Leiva

Way to Go Foundation Inc.

Programs Director

E-mail: info@waytogoprograms.com

408.829.2460