



# EZ Learning Center S.T.E.A. M. After School Registration Agreement Form

1611 South Main St, Milpitas Ca-95035. 408-599-7987

(Please fill one form per child **with non-refundable registration fee/material fee**)

Plus 1 month tuition fee only to be given as Deposit for month to month and 2 weeks tuition fee only to be given as Deposit for half school year. This deposit will be applied to the last month of the school year.

EZ Learning Center after School Program (Circle one): 5 days / 4 days / 3 days M\_ T\_\_ W\_\_ Th\_ F\_

Grade in fall **201**\_\_\_\_ (Circle one) KG 1st 2nd 3rd 4th 5th 6th 7th 8<sup>th</sup>

**School Dismissal Time:** \_\_\_\_\_ **Minimum Day Dismissal**

**Time** \_\_\_\_\_

**Student's Full Name** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Age:** \_\_\_\_\_ **Sex** M ( ) F ( ) **Name of School** \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

**Contact # Cell:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

**Contact # Cell:** \_\_\_\_\_ **Work #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Circle the areas that you feel your child needs help in or improvement in:**

Phonics, Reading, Comprehension, Participation, Mathematics & Critical Thinking, Solving Problem, Speech, Public Speaking, Confidence, Socializing, Overall doing well, keep up

Other: \_\_\_\_\_

**Does your child has, or has been diagnosed with any of the following?**

Dyslexia  ADD  ADHD  Autism  Other: \_\_\_\_\_

**Emergency Contacts other than Mom and Dad:**

Name	Contact Phone Number	Relationship

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Provider \_\_\_\_\_ **Policy Number** \_\_\_\_\_

List all medical and special conditions such as allergies to food, medicine, etc.

\_\_\_\_\_  
\_\_\_\_\_

List all individuals authorized to **pick up your child** (other than child's parents).

**Unlisted persons will not be permitted** to pick up our child. Identification may be requested from listed individuals.

Name	Contact Phone Number	Relationship

I/We \_\_\_\_\_ have decided to enroll my child \_\_\_\_\_

Into the EZ Learning Center for \_\_\_\_\_ days/week during the \_\_\_\_\_ school year and agree to pay \$\_\_\_\_\_ per month as tuition. I have carefully read and agree to the following.

***Note that policies, price, day/ time of operations (including holiday schedules) are subject to change***

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_