



# 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 Plus Car Seat fee**)

1-month tuition fee, to be given as a security deposit. This deposit will be applied to the last month of the school year.

### Booster Car Seat

If your child requires Booster Car seat additional charge to be paid of **\$ 15 Cash** with the registration fee, which is non-refundable.

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: \_\_\_\_\_

1. If the HW is not completed do you want your child to participate in the activities?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Does your child have or has been diagnosed with any of the following?

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

**Emergency Contacts:**

Full 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: \_\_\_\_\_