

Re-enrollment of child



CHILD ENROLLMENT FORM

GLO @ Dianne Feinstein School Year 2010/11

2550 25th Avenue San Francisco CA 94116

Child Information (One Application per Child. Please Print Legibly)

Last Name _____
 First Name _____
 Address _____
 City _____ Zip _____
 Grade in 2010-11 _____ Date of Birth ____/____/____
 School child attends _____
 Gender F M

Parent/Guardian 1

Name _____
 Home Phone _____ Cell phone _____
 Employer _____ Work Phone _____
 Email []
 @ _____
 Address (if different from child) _____

City _____ Zip _____
 Parent/Guardian 1 Signature _____
 Date _____

Parent/Guardian 2

Name _____
 Home Phone _____ Cell phone _____
 Employer _____ Work Phone _____
 Email []
 @ _____
 Address (if different from child) _____

City _____ Zip _____
 Parent/Guardian 2 Signature _____
 Date _____

GLO often takes photographs of children for use in brochures, bulletin boards videos and GLO website.

I give permission for GLO to use my child's photographs/videos
 Please do not use my child's photographs/videos
 Other: Send me information about Fee Subsidy
 Preferred Contact Method: Via Email Via Site's Family Mailbox
 Parents may volunteer to serve on the program's Site Council. The Site Council is an advisory committee which supports daily operations and the Site Director. Please check one box below.
 I'd like to be a Site Council member I'm not interested

Please check one box. Program Hours: 1:50-6pm

- 5 Day Program - Regular \$335 per month/child
- 5 Day Program - Sibling \$320 per month/child
- 3 Day Program (M,W,F) - Regular \$220 per month/child
- 3 Day Program (M,W,F) - Sibling \$210 per month/child
- 2 Day Program (T,R) - Regular \$160 per month/child
- 2 Day Program (T,R) - Sibling \$150 per month/child

SUB-TOTAL

SIBLING DISCOUNT IS NOT APPLICABLE TO Deposit or Registration Fees.
 Sibling name: _____
 Grade in 2010-11: _____
 \$200 REFUNDABLE DEPOSIT \$ _____
 \$120 REGISTRATION FEE (non-refundable) \$ _____
 TOTAL AMOUNT INCLUDED WITH REGISTRATION: \$ _____

*Fees are divided into 9 equal payments covering the school year, and payable the 1st day of each month (September 1 - May 1)
 *Make checks payable to Growth & Learning Opportunities. Memo: "Name of Child" & Site
 *30 Days advance notice is required for all drops and schedule changes. Until notice is received in writing you are responsible for all tuition payments.

For Funding Purposes Only; eligibility is not based on these statistics.

Ethnicity (please check the ones that apply)
 Asian Black/African American Latino
 Native American/Native Alaskan White Multiethnic
 Other _____

Income Level: For 2 persons in household (Check ONE box below):

- Low(\$27,150 or less) Low-Middle(\$42,250) Middle(\$72,400) High(\$91,200)

Income Level: For 3 or more persons in household:

- Low(\$30,550 or less) Low-Middle(\$50,900) Middle(\$81,450) High(\$102,600)

Please check the 5 program benefits that are most important to you:

- Special Events (Health Week, Halloween, etc)
- Holiday and Full Day Program
- Summer Camp
- Fee Subsidy
- Homework Time
- Children Performances (Winter Sing, etc)
- Location of Program
- Communication/Newsletter
- Developmental Reports

Please check the 5 program benefits that are most important to your child.

- Daily Schedule
- Program Staff
- Language Support
- Snacks
- Child's Friends
- Curriculum (cooking, Kids Clubs, etc)
- Free Play
- Inclusion Program
- Enrichment Activities

Access For All: Services are provided for children of all abilities. If you need a reasonable accommodation, please inform the GLO Site Director at registration at least 30 business days prior to the start date of the program. Each request will be assessed in compliance with the ADA. An Inclusion, Accommodation & Special Needs Request Packet must be completed and returned to the Site Director.



Does your child require special assistance/accommodations to participate?
 Yes No

Other Categories. Please Check all that apply:

- Resident of Housing Funded w/Public Sources
- Resident of SRO
- Homeless/Transitional Housing
- Children/Youth with Special Needs
- Limited English-Speaking
- Lesbian/Gay/Bisexual/Transgender
- Single Female Headed Household
- Single Male Headed Household

For Office Use Only:

- Fee Based Family Children's Council