Please check one box below

❑ Re-enrollment of child

❑ New child

CHILD ENROLLMENT FORM
GLO @ West Portal 2009/10 School Year

5 Lenox Way San Francisco CA 94127

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

Last Name _____

First Name _____

Address _____

City _____ Zip _____

Grade in 2009-10 _____ 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: **7-8:40am & 2:40-6pm**

❑**AM Program - Regular**	**$120 per month/child**
❑ **AM Program - Sibling**	**$115 per month/child**
❑ **PM Program - Regular**	**$300 per month/child**
❑ **PM Program - Sibling**	**$285 per month/child**
❑ **AM & PM - Regular**	**$340 per month/child**
❑ **AM & PM - Sibling**	**$325 per month/child**

SUB-TOTAL **$ _____**

SIBLING DISCOUNT is not applicable to Deposit or Registration Fees.

Sibling name:_____

Grade in 2009-10:_____

$250 REFUNDABLE DEPOSIT $ _____

$125 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; elegibility 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:	Please check the 5 program benefits that are most important to your child.
❑Special Events (Health Week, Halloween, etc)	❑Daily Schedule
❑Holiday and Full Day Program	❑Program Staff
❑Summer Camp	❑Language Support
❑Fee Subsidy	❑Snacks
❑Homework Time	❑Child's Friends
❑Children Performances (Winter Sing, etc)	❑Curriculum (cooking, Kids Clubs,etc)
❑Location of Program	❑Free Play
❑Communication/Newsletter	❑Inclusion Program
❑Developmental Reports	❑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