

GLO SUMMER ADVENTURES 2009 REGISTRATION FORM

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

Child's Last Name _____
 Child's First Name _____
 Phone _____
 Address _____
 City _____ Zip _____
 Grade Next Fall _____ Birth Date ____/____/____
 GLO Site Child Attends During School Year _____
 School child Attends (if different) _____
 Gender _____ Shirt Size *Youth* XS S M L XL
 Shirt Size *Adult (for 5th & 6th grades)* XS S M L XL

Time to join the fun! Please check the Weeks attending (9:00-4:00pm) & Extended Care Choices (AM:7:00-900am and/or PM:4:00-6:00pm)

Week 1 (06/15 - 06/19) \$200 AM \$35 PM \$35
 Week 2 (06/22 - 07/26) \$200 AM \$35 PM \$35
 Week 3 (06/29 - 07/02) \$200 AM \$35 PM \$35
 Week 4 (07/06 - 07/10) \$200 AM \$35 PM \$35
 Week 5 (07/13 - 07/17) \$200 AM \$35 PM \$35
 Week 6 (07/20 - 07/24) \$200 AM \$35 PM \$35
 Week 7 (07/27 - 07/31) \$200 AM \$35 PM \$35

For Statistical Purposes Only; eligibility is not based on statistics.

Ethnicity (please check the ones that apply)
Caucasian African-American Latin-American/Hispanic
Asian-American Pacific Islander Native-American
 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)

TOTAL # OF WEEK(S) _____ X \$200 = \$ _____
 TOTAL # OF AM CARE _____ X \$35 = \$ _____
 TOTAL # OF PM CARE _____ X \$35 = \$ _____
PROGRAM SUBTOTAL = \$ _____

PAYMENT IN FULL DISCOUNT

Pay in full by April 5th & receive Less 10% of
 10% discount per child per week tuition Sub-Total -\$ _____

SIBLING DISCOUNT

Less 5% of
 5% per child on week tuition. Sub-Total -\$ _____

Parent/Guardian 1

Name _____
 Home Phone _____ Cell phone _____
 Email _____
 Address (if different from child) _____
 City _____ Zip _____

Parent/Guardian 2

Name _____
 Home Phone _____ Cell phone _____
 Email _____
 Address (if different from child) _____
 City _____ Zip _____
 Parent/Guardian Signature _____

How did you hear about us?

***GLO often takes photographs of children for use in brochures, bulletin boards and the GLO website.
 I give my permission for GLO to use my child's photographs & video for these purposes.****

Sibling name: _____

PROGRAM TOTAL \$ _____

DEPOSIT ** \$50 PER WEEK \$50 x
number of
weeks \$ _____

**Deposit not required if you are paying in full or if you currently have a deposit on file for the school year with Growth & Learning Opportunities.

REGISTRATION FEE (non refundable)

\$25 for new families \$ _____
 NO FEE for current & returning families

TOTAL AMOUNT INCLUDED WITH REGISTRATION:

Program Cancellation Policy \$ _____

Deposit is NOT REFUNDABLE.

If paid in full, cancellation fee is \$50 per week.

Please make checks payable to Growth & Learning Opportunities.

Mail to 1560 Noriega Street, Suite 206, San Francisco CA 94122

SWIMMING LESSONS 2009 ENROLLMENT

There are two courses of swimming lessons. Child must be enrolled in the program to participate.

Session 1 : June 16 - July 09 (\$90) Session 2: July 14 - July 30 (\$70)

Please submit a separate check payable to GLO. Write your child's name and indicate Swimming Sessions 1 and/or 2 in the "memo".

Signature _____ Date _____ TOTAL \$ _____

Staff Use Only	Initials: _____ Amount: _____ Check Number: _____ Cash: _____	DATABASE Client File: _____ Schedule: _____	<input type="checkbox"/> Current GLO Family <input type="checkbox"/> New Family	<input type="checkbox"/> Registration <input type="checkbox"/> Deposit on File <input type="checkbox"/> Deposit included	<input type="checkbox"/> Payment in Full <input type="checkbox"/> Sibling <input type="checkbox"/> Fee Subsidy	COMMUNICATION <input type="checkbox"/> Confirmation Letter <input type="checkbox"/> Child Packet Sent	<input type="checkbox"/> Returning Packet <input type="checkbox"/> New Packet
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