***South Bay After School Life Empowerment Program Registration Form***

***Semester II - 8 weeks from April - May, 2016***

***Program date: April/5,19,26 May/3,10,17,24,31 (no class on April 12 due to springbreak)***

**A.**  **Enrollment: Please choose one of following 2 options for your enrollment by marking X in your choice time.**

**Choice # 1: One-Day Life Empowerment Program on Tuesday,**

**3:00PM -6:00PM.**

|  |  |
| --- | --- |
| **Time** | **Tuesday** |
| 3:00 – 3:15 | Drop Off / Snack Time |
| 3:15 – 4:00 | **Current event: News2you** |
| 4:00 – 5:00 | **Choice of cooking class or Music/life skill Class** |
| 5:00 – 6:00 | **Choice of cooking class or Music/life skill Class** |
|  |  |

**Choice # 2: Individual Theme Class only:**

**Please Mark X in the check boxes below for your choice theme class**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Individual Theme** | | | | |
| **Tuesday** | 3:00PM-4:00PM | Small group: Current events (news-2-you) | | | Check box | |
| 4:00 pm-5:00 pm | Music/life skill | Check box | Cooking | | Check box |
| 5:00 pm-6:00 pm | Cooking | Check box | Music/life skill | | Check box |

**B. Applicant Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Birthday | Sex gender | Diagnosis if child  has Special Needs | Allergies/special diet  (Milk, egg…) | Special talents |
|  |  |  |  |  |  |

**Behavior:** Does your child have a behavior intervention plan in his/her IEP? Yes\_\_\_\_\_ No\_\_\_\_\_

Does your child have one on one aide in school? Yes \_\_\_\_ No \_\_\_\_

|  |
| --- |
| Comment: (please share with us about your child’s reinforces, what are his behaviors, what are the triggers for the behaviors, how are they managed, and if your child has special health concern? Any other things that we need to pay attention to address his/ her needs? ) |
|  |
|  |
|  |

In case there is a property damage and/or assault behavior, an incident report will be sent home for your information. Parents have the right to schedule a meeting with program director and program coordinator after receiving the report.

**C. Parents’ / Guardians’ Information**

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian)

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Guardian)

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Street City Zip

**D. Emergency Contact Information (Other than Parents)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone/Pager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. Tuition for LEP class**

* **ADDITIONAL $25 PER SESSION FOR FCSN NON-MEMBERS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Program** |  | **Rate** |  |
|  |  |  |  |
| **One-Day Program**  (3:00-6:00pm) |  | $35/weekly |  |
|  |  |  |  |
| **Two Theme program** |  | $30 /weekly |  |
|  |  |  |  |
| **One Theme program** |  | $17 /weekly |  |

**Cooking material: $ 50.00**

**Tuition**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Number of Class** | **Total Week#** | **One-Day Program**  **(Choice #1)**  **3:00pm - 6:00pm** | **Individual Theme Program**  **(Choice #2 )**  (based on chosen number of theme classes) |
| April - May | 8 | 8 weeks: :  April/ 5,12, 26  May/3m10,17,24,31 | $280.00 plus $50.00 for cooking class materials:  $330.00 total | 1 class - $136.00 ,  2 classes - $240.00  \*\*Cooking class $50.00 materials fee |

**F. Payment methods:**

* Please make check payable to “FCSN”,
* Note “South Bay LEP Full Day Program or South Bay LEP Theme Program” in the memo.

Mail or drop off the initial application form & payment and all subsequent payments to:

FCSN South Bay Office

Attn: Roxana Chiu -- LEP

3675 Payne Avenue, San Jose, CA 95117

**G. Others:**

* All inquiries can be directed to email: [rox4n4chiu@gmail.com](mailto:rox4n4chiu@gmail.com)
* Tuition and deposit are due on the first day of the month of each new session.
* No reimbursement or pro-ration if student misses class(s).
* A minimum thirty (30) days notice will be given for any rate change.
* The session tuition and material fee are due at the time of registration/enrollment.
* When mailing in your payment, please allow more time for delivery to avoid any late charges.

**LATE CHARGE NOTICE**:

**Full Day program:**

If tuition is not received within five business days of the due date, a $5.00 per day late fee will be assessed until payment is received. If the child is absent due to illness, vacation, family emergency, or any other reasons, tuition will be due on the first day when the child returns to class. If tuition is not received immediately upon the child’s return, the $5.00 per day late fee will be charged on the following day and continue until the tuition payment is received.

**H. Signatures**

Yes \_\_\_ No \_\_\_ I give my permission to Friends of Children with Special Needs (FCSN) staff to film, photo or tape my family for the purpose of promoting the objectives of Life-Empowerment program.

**Important Agreement Terms:**

1. Any children who are age of 6 - 21 years old are eligible for the FCSN Life Empowerment programs.
2. Parents **MUST NOTIFY** FCSN by leaving a message (Ph. 408-725-8000) in the event that the child is absent that day. Message should include the date, time, and the names of the child, parent, and a contact at the Life Empowerment program.
3. This Life Empowerment program is designed to help participants develop independence skills, life skills, work skills and explore their potential and hidden talents through the various activities.
4. If a child's behavior is injurious to self or to others, he/she will be removed from the program and admission will be terminated for safety reasons.
5. Enrollment is based on a first-come, first-serve basis. Program Capacity is limited.

# Applicants will be notified if they are accepted to the Program, or if they are placed on a waiting list

# via email once their applications are received.

1. **All children must be picked up at the end of class. LATE PICKUP WILL RESULT IN IMMEDIATE CASH PENALTY OF $1 PER MINUTE FOR EVERY MINUTE THE CHILD REMAINS AT FCSN. Cash is payable to the supervising teacher at the site upon pickup. In the event of more late pickups, cash penalty will begin immediately after the end of class(s). If parent(s) do not have cash at the time, the amount will be deducted from the deposit check.**
2. Please provide emergency information and updated with names and numbers of those available to pick up the child within 15 minutes from the Center if the child is sick or display harmful behavior.
3. **FCSN reserves the right to enhance the program design.**

By registering with the Life Empowerment Program, the parent(s)/guardian(s) release FCSN and all its volunteers from any and all liabilities resulting from participation in all activities. The parent(s)/guardian(s) also agree to and accept all terms stated in this registration below.

**Participant Liability Waiver and Hold Harmless Agreement**

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend Friends of Children with Special Needs (FCSN) for any claims arising out of participation in said program(s).

**Risk of Injury**

If my or my child's behavior is injurious to self or to others, FCSN reserves the right to remove me/him/her from the program and

terminate my/his/her admission for safety reasons.

As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge

that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which

I and/or my minor child/ward may sustain as a result of participating in any and all activities associated with this program.”

**Waiver of Injury Claims** “

I agree to waive and relinquish any and all claims I and/or my minor child/ward may have arising out of, connected with, or in any way associated with the activities of the program.”

**Release from Liability** “

I do hereby fully release and discharge Friends of Children with Special Needs (FCSN) and its officers, agents, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may occur on account of participation in the program.”

**Indemnity and Defense** “

I further agree to indemnify, hold harmless and defend Friends of Children with Special Needs (FCSN)and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.”

In the event of any emergency, I authorize Friends of Children with Special Needs (FCSN) to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for me or my minor child/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement.

Additionally, I/we authorize ***FCSN*** to photograph, videotape, and/or audiotape the student in promotion of ***FCSN.***

**FCSN SB Life Empowerment Program April - May, 2016**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check the box if you are a returning student and the student’s personal information is same as before**

**Signature of Parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**