PAFEA After-School Program
Enrollment Form (N)
2017-18

Parent/Guardian Name					
Parent/Guardian Name					
Address					
City		Zip Code		Home Phone	
E-mail Address				Cell Phone	
Business/Company Name				Work Phone	
Business Address					
Child's Name		Date of Birth		Grade 2017-18	

Annual tuition

$3,550 by May 1st , 2017

Included the

$50,00

Non-refundable application processing fee (per child) for new student. Due upon submitting this application.

(Waived for continuing PAFEA students)

Please choose payment option

☐ **One payment by May 1st, 2017.**

$3,500 + $50 = $3,550

☐ **2 payments: $1,800 + $50 ($1,850) by May 1st 2017.**

$1,850 by Sept. 1st 2017

Total: $3,700

☐ **3 payments: $1,300 + $50 ($1,350) by May 1st 2017.**

$1,350 by Sept. 1st 2017

$1,300 by Jan. 10th 2018

Total: $4,000

The following individuals are authorized to pick up my child or children from PAFEA classes (please include relationship to child):

1. _____

2. _____

3. _____

Does your child have any learning disabilities or require any accommodations to facilitate his or her participation in the PAFEA program? If so, please explain:

Emergeny Contact Information	Address	Telephone number(s)	Relationship to Child	E-mail Address
1. Name:				
2. Name:				
3. Name:				
Child's Physician Insurance Provider/ Number	Address	Telephone number	Does your child take any medications or have any allergies? If so, please list:	Does your child have any medical conditions or physical limitations? If so, please describe:
Child's Dentist Dental Insurance Provider/ Number	Address	Telephone number		

In the event that your child requires urgent or immediate medical or dental care, you consent to PAFEA or its teachers contacting your child's physician or dentist or, if necessary, transporting or arranging for your child to be transported to the nearest facilities for appropriate treatment.

I acknowledge, by my signature below, that all of the information on this form is current and complete and that I consent to the above provisions regarding urgent medical or dental care for my child. Please sign below and return this Enrollment Form, together with your payment. **Tuition is not refundable.**

Please make your check payable to the Palo Alto French Education Association at:

PAFEA

P.O. Box 60932

Palo Alto, CA 94306-9991

Signature: _____ Date: _____