



Friends of Children with Special Needs
2017 Spring Semester East Bay Regular Gathering
Registration Form

Registration Deadline: 12/31/16

After deadline, the late registration will be accepted on a space available basis.
 The priority of 1-on-1 helper pairing will be set by the completion date of the registration.

Office Use Only
Date:
<input type="checkbox"/> Cash
<input type="checkbox"/> Check#
Amount:\$

A. Parent/ Guardian Information **Same as Previous Information**

Last Name		First Name		Relation to Student	
Home Phone			Cell / Work Phone		
Address			City	State	Zip
Email Address					

- I am **NOT** a FCSN member. Please let me know how to become a member.
- I / We would like to **stay for dinner**. How many family members will stay for dinner? _____
- I would like to **stay with my** _____ year old child (age from 1 to 12) during the class hour.

B. Participant Information & Fees (Please make check payable to: FCSN)

Name of Participant <i>(print clearly)</i>	Age	With Special Needs	Need 1:1 Aid?	Registered as a	Class Materials Fee (\$10.00 per student)
		(Yes / No)	(Yes / No)	(Student / Volunteer*)	
		(Yes / No)	(Yes / No)	(Student / Volunteer*)	
		(Yes / No)	(Yes / No)	(Student / Volunteer*)	
Registration Fee (per family)					\$ 100.00
Non-Member Fee					\$ 25.00
SUBTOTAL					
Register before 12/31/16 deadline					-\$ 20.00
TOTAL					

*Siblings who would like to volunteer must ① Turned in a volunteer application/waiver form to the office, ② Attend volunteer training, and ③ Contact the coordinator directly at yvolunteerfcsn@gmail.com to indicate their interests. The coordinator will notify the sibling to confirm acceptance to program if there's an opening. **Acceptance is not automatic.**

C. I / We would like to volunteer for (Please select **at least one**)

- 1. Teacher
- 2. Classroom Helper
- 3. Facility Set-Up/Clean-Up
- 4. Security
- 5. Meal Preparation / Serving
- 6. Kitchen clean up
- 7. Others. Please Specify: _____

Parent/ Guardian's Signature:	Date:
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FCSN East Bay Regular Family Gathering			2017 Spring Semester	
Dates	Feb. 11, 25	Mar. 11	April 1, 15, 29	May 13
Time & Activity	4:30~6:30 pm Seminar/ Classes	6:30~7:05 pm Dinner Together	7:05~8:00 pm Family Activities	
Location	2300 Peralta Blvd., Fremont, CA 94536			
Payment	Check#			
Contact Information	Administration & Accounting Dept. 2300 Peralta Blvd., Fremont, CA 94536		Tel: 510-739-6900x3304/3305 Fax: 510-225-1328	

Please detach the top portion with your payment, mail to Accounting Dept. before 12/31/16.
Retain the lower portion for your record. Thank you!