

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

Registration Form
Registration Deadline: 7/31/17

Office Use Only	
Date:	
□ Cash	
Check#	
Amount:\$	
·	

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.

A. Parent/ Gua	<u>rdian Iı</u>	<u>nform</u>	ation LSame	<u>e as Previ</u>	ous Infor	matic	<mark>n</mark>			
Last Name			First Nam	ie			Relation Studen			
Home Phone				Cell /	Work Pl	none				
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 Partic	-	Age	With Special Needs	Need 1:1 Aid?	Reg	Registered as a		d as a Class Materi (\$10.00 per s		
			(Yes / No)	(Yes / No) (Stude	(Student / Volunteer*)		unteer <mark>*</mark>)		
			(Yes / No)	(Yes / No) (Stude	(Student / Volunteer*)		*)		
			(Yes / No)	(Yes / No) (Stude	(Student / Volunteer*)		*))	
Registration Fee (per family)							/)		\$ 100.00	
Non-Member Fee						ee		\$ 25.00		
SUBTOTAL						\L				
Register before 7/31/17 deadline						ie		-\$ 20.00		
TOTAL							\L			
*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 volunteerfcsn@gmail.com to indicate their interests. The coordinator will notify the sibling to confirm acceptance to program if there's an opening. *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:					l					
FCSN East Bay Regular Family Gathering 2017 Fall Sem					all Semes	ster				

FCSN E	ast Bay Regular Family G	2017	2017 Fall Semester			
Dates	Sep. 2, 16, 30	Oct. 14	Nov.	4	Dec. 2, 16	
Time & Activity	4:30~6:30 pm Seminar/ Classes	6:30~7: Dinner To	•	7:05~8:00 pm Family Activities		
Location	2300 Peralta Blvd., Fremont, CA 94536					
Payment	Check#					
Contact Information	Administration & Account 2300 Peralta Blvd., Fremo		Tel: 510-739-6900x3304/3305 Fax: 510-225-1328			