



Friends of Children with Special Needs

2018 Fall Semester **East Bay** Regular Gathering

Registration Form

Registration Deadline: 7/31/18

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:

☐ Cash

☐ 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 (print clearly)	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 7/31/18 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. <input type="checkbox"/> Teacher | 2. <input type="checkbox"/> Classroom Helper | 3. <input type="checkbox"/> Facility Set-Up/Clean-Up |
| 4. <input type="checkbox"/> Security | 5. <input type="checkbox"/> Meal Preparation / Serving | 6. <input type="checkbox"/> Kitchen clean up |

7. Others. Please Specify: _____

Parent/ Guardian's Signature: _____

Date: _____

FCSN East Bay Regular Family Gathering			2018 Fall Semester	
Dates	Sep. 8, 22	Oct. 6, 20	Nov. 10	Dec. 1, 15
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 7/31/18.**

Retain the lower portion for your record. Thank you!