



# Friends of Children with Special Needs

## 2018 Fall Semester **South 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)					<b>\$ 100.00</b>
Non-Member Fee					<b>\$ 25.00</b>
SUBTOTAL					
Register before <b>7/31/18</b> deadline					<b>-\$ 20.00</b>
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](mailto: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:** \_\_\_\_\_

FCSN <b>South Bay</b> Regular Family Gathering			2018 Fall Semester	
Dates	Sep. 1, 15, 29	Oct. 13, 27	Nov. 17	Dec. 8
Time & Activity	4:30~6:30 pm Seminar/ Classes	6:30~7:05 pm Dinner Together	7:05~8:00 pm Family Activities	
Location	1029 S. Bascom Ave., San Jose, CA 95128 (FCSN South Bay Center)			
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!