Friends of Children with Special Needs 2014 Spring Semester South Bay Regular Gathering **Registration Form**

Registration Deadline: 12/31/13

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/ Guardian Information

Last Name	First Name				ation to udent		
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	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 H	Fee (per family)	\$ 100.00
			N	on-Member Fee	\$25.00
		Reg	gister before 12	2/31/13 deadline	-\$ 20.00
				Total	

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

1. Teacher

4. Security

2. Classroom Volunteer

3. Facility Set-Up/Clean-Up

Meal Preparation/Serving 6. Kitchen clean up

5. 7. Others. Please Specify:

Parent/ Guardian's Signature:

Date:

FCSN South Bay Regu	llar Family Gatherii	g 2014 Spring S		Semester		
Dates	Feb. 15	March 1, 15	April 5	May 3, 24, 31		
Time & Activity	4:30~6:30 pm Seminar/ Classes	6:30~7:05 pm Dinner Together		7:05~8:00 pm Family Activities		
Location	Westhope Presbyterian Church 12850 Saratoga Ave., Saratoga, CA 95070					
Payment	Check#					
Contact Information	Administration Dep 2300 Peralta Blvd., F			Tel:510-739-6900 x3304/3305 Fax: 510-225-1328		

Please detach the top portion with your payment, mail to Accounting Dept. before 12/31/2013. *Retain the lower portion for your record.* Thank you!