



FOREIGN LANGUAGE AFTER SCHOOL ENRICHMENT PROGRAM

Please submit this form with a \$100 non-refundable application fee to Universe of Colors.

Student Information
First Name: _____ Last Name: _____ Sex: M/F DOB: ____/____/____ Age: _____ Medical condition or under medication (provide details)/special needs: _____

Parent / Guardian Information
First Name: _____ Last Name: _____ Home Phone:(_____) _____ Work Phone:(_____) _____ Cell Phone:(_____) _____ Email: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contact
First Name: _____ Last Name: _____ Cell Phone:(_____) _____ Email: _____ Relationship to the child: _____

Kindergartens

Day of the Week	Spanish	French	Drop off 12-1pm add \$15	Pick up	Before/After Care hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

1st – 5th Graders

Day of the Week	Spanish	French	Drop off 12-1pm add \$15	Pick up	Before/After Care hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Session Starts	Session ends	Child Start Date	Parent's signature	Date
____/____/____	____/____/____	____/____/____	_____	____/____/____
____/____/____	____/____/____	____/____/____	_____	____/____/____