



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	Italian	Drop off 12-1pm add \$15	Pick up	Before/After Care hours
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
			Total hours			

1st – 5th Graders

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

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