



**SUNFLOWER**  
**LEARNING**

向日葵学习中心

Tel: 908-240-8008 Email: [sunflowerlearning2013@gmail.com](mailto:sunflowerlearning2013@gmail.com)

## After School Program Application Form

Date of Application \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Name \_\_\_\_\_ 中文名 \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

### Contact Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

父亲中文名 \_\_\_\_\_ 母亲中文名 \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Person authorized to pick up child and/or contact in case of Emergency if neither parent is available:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



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## Tuition Commitment

I am enrolling my child \_\_\_\_\_ at Sunflower Learning for the After School program

- I am enrolling my child on a full-time basis \_\_\_\_\_.
- I am enrolling my child on a part-time basis \_\_\_\_\_. Below I have indicated the days which my child will attend:

Monday	Tuesday	Wednesday	Thursday	Friday

It is understood that tuition is paid on a monthly basis, on or before the first of each month. I also understand that there will be a late fee of 10% of the automatically attached to any tuition received after the 5<sup>th</sup> day of the month. In the event that a tuition check does not clear with the bank, a fee of \$35 will automatically be attached to that month's tuition. There will be a non-refundable registration fee of \$20 for all NEW students. The agreed upon tuition from \_\_\_\_\_(month/ year) to \_\_\_\_\_(month/ year) is \$\_\_\_\_\_per month.

- **Full Time** (Monday to Friday) – 3-Hour Program: \$315/Month; 2-Hour Program: \$275/Month
- **Part Time**
  - 4 Days a Week – 3-Hour Program: \$270/Month; 2-Hour Program: \$240/Month
  - 3 Days a Week – 3-Hour Program: \$225/Month; 2-Hour Program: \$205/Month
  - 2 Days a Week – 3-Hour Program: \$180/Month; 2-Hour Program: \$170/Month

\* A 10% sibling discount will be applied to 2<sup>nd</sup>/3<sup>rd</sup> child of the same family

**\*Please note: There are no refunds for missed days. Full days and field trips will charge extra.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

School Director: Y u L i 李雨 Date: 05/01/2018



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## Emergency Contact Form

### Child's information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Father's information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Mother's information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency contacts other than parents

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Medical information

Allergies (e.g. peanut butter, bee stings, medications): \_\_\_\_\_

\_\_\_\_\_

Chronic diseases (e.g. diabetes, asthma): \_\_\_\_\_

\_\_\_\_\_

Any other information that emergency personnel should know about: \_\_\_\_\_

\_\_\_\_\_