



SUNFLOWER
LEARNING

向日葵学习中心

Tel: 908-240-8008 Email: 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 5th 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 2nd/3rd 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: 05/01/2019



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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: _____
