

Tel: 908-240-8008 Email: sunflowerlearning2013@gmail.com

## 2020 - 2021 After School Program Application Form

Date of Application	f Application Date of Birth							
Student's Name	中文名							
School (2020-2021)	Grade	Sex						
Home AddressStreet								
Street	City	tate Zip						
Contact Information								
Father's Name	Mother's Name							
父亲中文名	母亲中文名	母亲中文名						
Home Phone	Home Phone							
Cell Phone	Cell Phone	Cell Phone						
E-mail Address	E-mail Address	E-mail Address						
Person authorized to pick up parent is available:	child and/or contact in case of I	Emergency if neithe						
Name	Name	Name						
Relationship	Relationship	Relationship						
Address	Address	Address						
Phone	Phone							
Parent/Guardian signature	e D	)ate						



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## **Tuition Commitment**

I am enrolling my chi School program	ld			at Si	unflower Le	arning for the	e After
I am enrolling	my child or	n a full-time	basis				
<ul> <li>I am enrolling child will atter</li> </ul>	-	n a part-tim	e basis	Below I ha	ave indicate	ed the days w	vhich my
	Monday	Tuesday	Wednesday	Thursday	Friday		
It is understood that	·		•				
understand that there after the 5 <sup>th</sup> day of th				•		•	
\$35 will automatically							
fee of \$20 for all <u>NE</u>	•					•	
100 01 420 101 411 <u>142 1</u>		_	per m			(11101111111111111111111111111111111	our) to
• Full Time (Mo	_`	,	•	orian.			
Part Time	mady to 1 11	day) V21	0,10101111				
	a Week – 🤅	\$240/Month	7				
•	a Week – S						
•	a Week – S						
•	a Week – S						
* A 10% sibling o			to 2 <sup>nd</sup> /3 <sup>rd</sup> child	of the same	family		
*Please note: There		• •			-	os will charg	je extra.
Parent/Guardian	Signatur	e:			Date:	·	-
Print Name:							
School Director:			李雨	Date:	08/2	2/2020	_