



Amigos de Palo Alto
 1611 Stanford Ave
 Palo Alto, CA 94306
 www.amigosdepaloalto.com
 Tel. 650-493 4300

Registration Form 2009 – 2010 School Year

Child's Name _____ Date of Birth _____ Today's date _____
 Age as of September 2009 Years Months Nick Name (if any) _____

Family Information

Parent/Guardian _____	Birthday (month/day) _____	Parent/Guardian _____	Birthday (month/day) _____
Home Phone _____	Alternate Phone _____	Home Phone _____	Alternate Phone _____
Address _____		Address _____	
City, State, Zip Code _____		City, State, Zip Code _____	
Employer _____		Employer _____	
Email address _____		Email Address _____	

Would you be willing to come to our classroom and share a bit of what you do for a living with the children?

 Allergies: _____
 Primary language at home: _____ If Spanish is not the primary language, does any main care giver speak Spanish? _____
 What do you expect your child to get from this program? _____
 Would you care to tell us something your child likes? _____
 What holidays do you celebrate at home so we can be inclusive of your culture traditions in our program? _____
 Siblings names and ages: _____

Enrollment Information

Yearly Registration fee of \$75.00. Do not include any payment unless you have been accepted into the program.

Parent Participation Preschool Program

Monday, Wednesday, Friday 8:30 AM to 11:45 AM Tuesday, Thursday 8:30 AM to 11:45 AM

After School Program k – 2nd grade

- Full Time – 15.30 hours per week
- Part Time – 9 hours / 3 days per week
- Part Time – 6 hours / 2 days per week – Tuesdays excluded
- Kinder Fun Club – 15 to 9 hours as schedule changes at Escondido

Hours and days request for after school program

M _____ TU _____ W _____ TH _____ F _____

Other Amigos program: _____

Note: Hours can't exceed 15.30 hours per week