

# Registration Form

Summer Learning Program 2017

## SECTION 1: PARENT/ GUARDIAN INFORMATION

### **Parent/ Guardian 1:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Relationship w/ child(ren) \_\_\_\_\_ Ethnicity \_\_\_\_\_

**Languages:** Primary spoken language? \_\_\_\_\_

How well can you speak English?

Very well     Proficient     Very little     Cannot speak English at all

Do you speak any other language(s)?

No

Yes (please specify): \_\_\_\_\_

### **Parent/ Guardian 2:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Relationship w/ child(ren) \_\_\_\_\_ Ethnicity \_\_\_\_\_

**Languages:** Primary spoken language? \_\_\_\_\_

How well can you speak English?

Very well     Proficient     Very little     Cannot speak English at all

Do you speak any other language(s)?

No

Yes (please specify): \_\_\_\_\_

## SECTION 2: CHILD INFORMATION

**Please complete the information of the child(ren) you are enrolling in the program**

### Child 1:

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity \_\_\_\_\_

School attending in the fall 2017 \_\_\_\_\_

City \_\_\_\_\_ Grade \_\_\_\_\_

### Child 2:

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity \_\_\_\_\_

School attending in the fall 2017 \_\_\_\_\_

City \_\_\_\_\_ Grade \_\_\_\_\_

### Child 3:

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Ethnicity \_\_\_\_\_

School attending in the fall 2017 \_\_\_\_\_

City \_\_\_\_\_ Grade \_\_\_\_\_

**SECTION 3: PARENT AUTHORIZATION FOR PICK-UP**

The following people may pick up my child should I not be unable to do so. I understand that these individuals **MUST be at least 18 years of age and be able to present a photo I.D. daily** to sign out my child. We will release your child only to persons listed; therefore, parents must also be listed.

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Parent/ Guardian

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Parent/ Guardian

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Authorized Pick-up	Relationship	Phone
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Authorized Pick-up	Relationship	Phone
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Authorized Pick-up	Relationship	Phone
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**SECTION 4: HOUSEHOLD INFORMATION**

Please list other people living in the household:

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Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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**SECTION 5: GENERAL INFORMATION**

A) Which of the followings reasons that most reflect why you want to enroll your child in this program?

- \_\_\_\_\_ To improve scientific knowledge
- \_\_\_\_\_ To have new friends
- \_\_\_\_\_ To build confidence
- \_\_\_\_\_ To kill time during off-school season
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

B) Are you interested in volunteering during the summer program?

- \_\_\_\_\_ Yes
- \_\_\_\_\_ No

If yes, please explain what you might want to help us with and how often (please include your availability if you can):

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Applicant's Signature

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Date

To submit this signed & completed application, please email to Nittaya Saenbut ([nittaya.saenbut@cseari.org](mailto:nittaya.saenbut@cseari.org)) or drop off at or mail to Center for Southeast Asian (270 Elmwood Avenue, Providence, RI 02907). Attn: Nittaya Saenbut (Summer Learning Program application)

For more information, please call Nittaya Saenbut at 401-274-8811