La Salle Community Center
After School Program
248 Kirk Avenue – San Jose, CA 95127
Home: 1-408-926-4665 / cell: 714-736-6452
valery@stmarys-ca.edu * www.lasan.org

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APPLICATION FORM
SCHOOL YEAR 2017-2018

* Grader 1 to 9
* Monday to Friday, from 3:00PM to 6:00PM

Student's Full Name:_____
DOB: Month_____ Day_____ Year_____. Country_____
Girl_____ Boy_____. Religion_____
Actual Regular School 2017-2018_____, Grade:_____

Full Name of Father_____, of Mother_____
[or of Legal Guardian_____]
Home Address_____
City_____, Zip Code: CA _____
Home phone_____, Work phone_____
Health Insurance_____, Policy #_____

In Case of Emergency, Full Name of Contact Person: _____
Phone #_____, Relationship with Student_____

- Special attention about healthcare of student: -_____
- Tuition/fee $US200/month. Check: **payable to Christian Brothers**.

[Please pay check/cash before the 10th of each month – If possible, please pay in advance].

I, the parent of the above-mentioned child, on behalf of my child, myself, and personal representatives, release, hold harmless and discharge forever the Christian Brothers, the La Salle Sisters, the La Salle Community Center, their staffs and their officers, leaders, chaperons, sponsors and affiliates, from any and all liability, claim, loss, damage, cost or expense, and waive any claims against any such person arising directly or indirectly from and attributable in any legal way to any action or omission to act of any such person in connection with the After School Program.
I will be responsible for all the damage my child might cause to the La Salle Community Center. I pledge obedience to all the rules of the La Salle Community Center.
I case of emergency, I, the parent of the above-mentioned child, give permission to any hospital or to any physician selected by any teacher, chaperon, of the La Salle Community Center to render medical treatment deemed necessary and appropriate. Any resulting hospital, medical or related costs and expenses will first be paid by the medical insurance or benefit plan of mine or my spouse.

Month_____, Day_____, Year_____

Parents/Guardian's Signature

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