

Success! Learning Center

P.O. Box 361195 ***** Milpitas, California 95036 Location: 355 Dixon Road (408) 263-9 Cliveden Chew Haas, Director

(408) 263-9754 success@cliveden.com

2017–18 Student Application

LAST NAME ' FIRS			IRST NA	ME	MIDDLE NAME		
/ BIRTHDATE (/ Month/Day/Y	ear) MALE	E FEM/ e gender	ALE	ONALITY	//ETHNICITY	(OPTIONAL)
SCHOOL NO		IG 🛠	*	*	2017-	18 GRADE IN	N SCHOOL
IS ANOTHER	FAMILY MEI	MBER ATTEN	DING TH	IS SESSION?		YES	_ NO
IF YES, GIVE	NAME(S)						
	*	*	*	*	**	*	
PARENT/ GUARDIAN	MR./ MS. (circle one)	LAST NAME	,	FIRST NAME		() DAYTIME	PHONE NO.
PARENT/ GUARDIAN	MR./ MS. (circle one)	LAST NAME	,	FIRST NAME		(<u>)</u> DAYTIME	PHONE NO.
HOME ADDRI (R & STREET		APT. #	C	ITY & ZIP CC	DE
0		e student com		in? Chinese	Othe	r	
-	·			gn language, whe			
3. Has anyor	ne in your imr	nediate family	attended	l college? Yes _	N	No	
			—SE	E OVER—			

Emergency Contact Information

LAST NAME	_,	MIDDLE NAME
Should we phone if this student d	loes not attend the scheduled cl	lass sessions?
Yes No	If yes, please fill out contact info	ormation below.
Contact:: NAME		PHONE NO.
If no answer, contact:: NAME		PHONE NO.

In case of an emergency, please list the numbers we should contact:

1.	Contact::			
	••••••	NAME	PHONE NO.	
2.	Contact::	NAME		
•			FIGNE NO.	
3.	Contact::	NAME	PHONE NO.	
4.	Contact::			
		NAME	PHONE NO.	
Me	dical Insurar	nce:	Policy No	
C+u	dent's Docto	\r.		
310		NAME & ADDRESS	PHONE NO.	
Dei	ntal Insuranc	ce:	Policy No	
Stu	dent's Denti	st: NAME & ADDRESS	PHONE NO.	

Success! Learning Center—2017-18 After-School Session

Schedule and Fees

Student's Name:			
Parent/Guardian:			
Class Schedule: Two days per week Three days per week Four days per week		Students may arrive up to 15 minutes before class begins. Unless other arrangements are made <u>in advance</u> , all students must be picked up or must leave for home within 15 minutes after class ends.	
Days (3:00-6:00 p.m.): Evenings (6:30-9:30 p.r		Wed Thurs urs	
Class Fees:			
	\$376 per four-week \$452 per four-week vo or more students in	payment period payment period	
Payment Schedule:			
Aug.28	Sept. 25	Oct. 23	
Nov. 27	Jan. 8	Jan. 29	
Mar. 5	Apr. 2	May. 7	

Parent Signature:

I have read and agree to the fee and payment schedule noted above. I understand that a <u>\$10.00 late fee</u> will apply on any payments made after 5:00 p.m. of the Monday following the date scheduled. I understand that a <u>\$25.00 returned item</u> charge will apply for each returned check.

Parent Signature: _____

Date:	

Success! Learning Center RVLES TO FACILITATE LEARNING

- 1. Attend class <u>every</u> day.
- 2. Be respectful to others (students, teaching assistants, teachers, guests, etc.)
- 3. Be responsible for <u>your own</u> behavior.
- 4. We are guests on the church property. Keep restrooms, buildings, parking lot, and other areas clean. Report to your teacher any defacing or destroying of property.
- 5. Be prompt (be on time) and maintain perfect attendance. (There is no refund for missed classes.)
- 6. Follow classroom rules and computer rules.
- 7. Take care of books, materials, and equipment.
- 8. Complete all daily work.
- 9. Leave at home all electrical and electronic games, and any belongings which might interfere with instruction.
- 10. Be attentive and a good listener, remain in your seat, and work with a minimum of visiting and talking. Do not disturb others.
- 11. No food and no drinks (except bottled/capped water) during class time. No food and <u>no drinks</u> near computers.
- 12. No drugs. No alcohol. No gum. No markers. No weapons. No fighting.
- 13. Wear appropriate attire. No gang colors. No gang symbols. Hats for sun only.
- 14. No smoking anywhere on church property.

Students may be dismissed for non-compliance with any rule above. Students will not be given warnings for drugs, alcohol, smoking, weapons, or fighting. Dismissal is automatic and immediate. There is no refund.

STUDENT: I, ______ (*print name*) have read and understand the Success! Learning Center Rules above. I will follow these and all other requirements of the Success! Learning Center.

(Student Signature)

(Date)

PARENT: I, ______ (*print name*) have read and understand the Success! Learning Center Rules above. I will ensure that my child obeys these and all other requirements of the Success! Learning Center.

If my child needs to be picked up from the Learning Center due to illness or other problems, I will do so immediately.

(Parent Signature)