



Child's Name (Last, First, Middle Initial)	Grade	Date Submitted	Effective Date
Special Needs Information		Medical Information	
My child receives services through Special Education: Yes or No Please describe		Please list any pertinent medical information such as allergies and medications	

Parent/Guardian Information

Child spends time at two different addresses during the school week: Yes or No

Child receives free/reduced meals at Yinghua Academy: Yes or No

Parent/Guardian 1		Parent/Guardian 2	
Name			
Home Address			
City, State, Zip			
Employer			
Home/Work Phone	H: () W: ()	H: () W: ()	
Cell Phone/Pager	C: () P: ()	C: () P: ()	
Email Address			
Billing Information	Bill to this address: Yes or No	Bill to this address: Yes or No	

Emergency Contacts

Emergency Contact 1		Emergency Contact 2	
Name			
Home/Work Phone	H: () W: ()	H: () W: ()	
Cell Phone/Pager	C: () P: ()	C: () P: ()	

Yinghua Care Program

Please mark your choices below. You must use the same days each week.

<p>Check boxes to apply.</p> <p>Before School \$7/day (7:00 to 8:30 A.M.)</p> <table border="1" style="margin-left: 20px;"> <tr> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THURS</td> <td>FRI</td> </tr> </table> <p>After School \$13/day (3:35 to 6:00 P.M.)</p> <table border="1" style="margin-left: 20px;"> <tr> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THURS</td> <td>FRI</td> </tr> </table>	MON	TUES	WED	THURS	FRI	MON	TUES	WED	THURS	FRI	<p>Release Days \$45/day (7:00A.M. to 6:00 P.M.)</p> <p>Circle dates to apply.</p> <table style="margin-left: 20px;"> <tr> <td>Thursday, 10/21</td> <td>Friday, 3/11</td> </tr> <tr> <td>Friday, 10/22</td> <td>Friday, 3/18</td> </tr> <tr> <td>Monday, 11/15</td> <td>Friday, 4/22</td> </tr> <tr> <td>Wednesday, 11/24</td> <td>Friday, 5/13</td> </tr> </table>	Thursday, 10/21	Friday, 3/11	Friday, 10/22	Friday, 3/18	Monday, 11/15	Friday, 4/22	Wednesday, 11/24	Friday, 5/13
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Wednesday, 11/24	Friday, 5/13																		

Parent/Guardian Signature	Date

Please review the Contract Terms and Policies before signing. By signing, I confirm that I fully read, understand, and agree to the Yinghua Care Program Contract terms and policies as stated in this contract.

Return forms to Yinghua Academy, 1616 Buchanan Street, NE, Minneapolis, MN 55413

Date Received	
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