



Child's Legal 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 receives free/reduced meals at Yinghua Academy: **Yes or No**

Registration Fees: \$30 for the 1st Student \$10 for each subsequent student with a family maximum of \$50.		
1st Student	Name-	
2nd Student	Name-	
3rd Student	Name-	
4th Student	Name-	
5th Student	Name-	

**PICK-UP LATE FEE IS \$5.00 PER MINUTE, & SCHEDULE CHANGES ARE ALLOWED ONE TIME PER SEMESTER (PLEASE SEE THE OFFICE ABOUT EMERGENCIES).**

**Yinghua Care Program**

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

**PLEASE NOTE: YOU MUST SIGN UP FOR AT LEAST 3-DAYS A WEEK**

<p><u>Check boxes to apply.</u></p> <p>Before School \$9/day (7:00 to 8:30 A.M.)</p> <table border="1"> <tr> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THUR</td> <td>FRI</td> </tr> </table> <p>After School \$15/day (3:30 to 6:00 P.M.)</p> <table border="1"> <tr> <td>MON</td> <td>TUES</td> <td>WED</td> <td>THUR</td> <td>FRI</td> </tr> </table>	MON	TUES	WED	THUR	FRI	MON	TUES	WED	THUR	FRI	<p><u>Release Days \$45/day (7:00A.M. to 4:00 P.M.)</u></p> <p><u>Circle dates to apply.</u></p> <p>Thursday, 10/20                      Friday, 3/2</p> <p>Friday, 10/21                         Friday, 3/9</p> <p>Friday, 11/4</p> <p>Friday, 11/11</p>
MON	TUES	WED	THUR	FRI							
MON	TUES	WED	THUR	FRI							

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 form **by 8/31** to Yinghua Academy, 1616 Buchanan Street, NE, Minneapolis, MN 55413

Date Received	
---------------	--