



Friends of Children with Special Needs

2008 Fall Semester East Bay Regular Gathering

Registration Form

Registration Deadline: 8/15/08

After deadline, the late registration will be accepted on a space available basis.

A. Parent/ Guardian Information

Last Name		First Name		Relation to Student	
Home Phone			Cell/Work Phone		
Address			City	State	Zip
Email Address					

- I am NOT a FCSN member. Please let me know how to become a member.
- I/We would like to stay for dinner. How many family members will stay for dinner?
- I would like to stay with my ____ year old child (age from 1 to 12) during the class hour.
My child and I will be assigned to the Kitten Group and I will be responsible for my own child.

B. Participant Information & Fees (Please make check payable to: FCSN)

Name of Participant	Age	With Special Needs	Registered as a	Class Materials Fee (\$ 10.00 per student)
		(Yes / No)	(Student/ Helper)	
		(Yes / No)	(Student/ Helper)	
		(Yes / No)	(Student/ Helper)	
Registration Fee (per family)				\$ 100.00
Subtotal				
Register before 8/15/08 deadline				-\$ 20.00
Total				

C. I/We would like to volunteer for (Please select at least one)

1. Teacher 2. Classroom Helper 3. Facility Set-Up/Clean-Up
4. Security 5. Meal Preparation/Serving 6. Kitchen clean up
7. Others. Please Specify:

Parent/ Guardian's Signature: _____

Date: _____

FCSN East Bay Regular Family Gathering			2008 Fall Semester	
Dates	Sept. 13, 27	Oct. 11, 25	Nov. 8, 22	Dec. 6, 20
Time & Activity	4:30~6:30 pm Seminar/ Classes	6:30~7:55 pm Dinner/ 3 rd hr. program	7:55~8:00 pm Clean up	
Location	2300 Peralta Blvd., Fremont, CA 94536			
Payment	Check# _____			
Contact Information	Josephine Chou 2300 Peralta Blvd., Fremont, CA 94536			Tel: 510-739-6900 Fax: 510-739-6999

Please detach the top portion with your payment, mail to Josephine Chou before 8/15/08.
Retain the lower portion for your record. Thank you!