



# Universe of Colors

Foreign Language Immersion Programs

by Playgroups Unlimited

## Foreign Language After School Enrichment Program

### Registration Form

Submit this form with a \$100 non-refundable application fee to Playgroups Unlimited.

#### Student Information

First Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Sex: M / F DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  
 Medical condition or under medication (provide details) / special needs: \_\_\_\_\_

#### Parent / Guardian Information

First Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 Cell Phone: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

#### Emergency Contact

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Contact #: ( ) \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

#### Kindergarteners

Location:  San Mateo  Belmont

Day of the Week	Morning or Afternoon *	Spanish	French	Mandarin	Language Only	Drop off Time	Pick up Time	Total Before/After Care Hrs.
Monday	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tuesday	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Wednesday	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thursday	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Friday	<input type="checkbox"/> M <input type="checkbox"/> A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							Total hours / week*	

(\*) Morning classes apply to San Mateo location only.

#### 1<sup>st</sup> – 5<sup>th</sup> Graders

Location:  San Mateo  Belmont

Day of the Week	Spanish	French	Mandarin	Language Only	Drop off Time	Pick up Time	Total Before/After Care Hrs.	
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
							Total hours / week*	

You will be asked to review and sign this registration form once per quarter to ensure all information is still valid.

Session Starts	Session Ends	Child's Start Date	Parent's Signature	Date
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____	____ / ____ / ____
____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	_____	____ / ____ / ____

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