



General Information

Parent/Guardian Name _____

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Child with Down syndrome: _____

Birthdate _____

I would like to register for:

LP Level 1 (Preschool - 1st grade)

Payment Options

To participate in The Learning Program 2019-2020, you have several payment options. You can complete this form, save to your computer and register by email, or mail. Please choose the option that works best for you:

| Class | 2019-2020 Tuition |
|------------|----------------------------------------------------------------|
| LP Level 1 | \$500 (\$50 monthly) or \$300 (\$30/mo if child not attending) |

Registration with PAYMENT IN FULL (Registration fee waived) – Due Sept 6, 2019

If you are paying for the year in full, the \$50 registration fee is waived.

I would like to pay in full by credit card. Please complete all forms, including the Credit Card Authorization Form and mail to DSF, or email to Lisa Fraser (lfraser@dsfoc.org)

I would like to pay in full by check (please complete all forms and mail with your check to DSF)

Monthly Tuition Payment with Registration Fee – Due Sept. 6, 2019

If you are paying monthly, include a non-refundable \$50 registration fee with first month payment.

- I would like to pay monthly by credit card and authorize DSF to charge my credit card each month from September through June. For this option, please complete all forms, including the Credit Card Authorization Form and mail to DSF, or email to Lisa Fraser (lfraser@dsfoc.org)
- I would like to make monthly payments by check. To use this option, you MUST provide DSF with the \$50 non-refundable registration fee by Sept 6, 2019 and BEFORE the first class, provide DSF with 10 post-dated checks and mail to DSF.

These options are intended to streamline the tuition collection process and save on administrative overhead. If you have payment questions or need alternative arrangements or scholarship information, please email Lisa Fraser (lfraser@dsfoc.org)

Family Participation

Most families in the Level 1 class bring their child to the program to work with our teachers and therapists. However, you also have the option of not bringing your child. For staff-planning purposes, please indicate what you would like to do below:

- I plan to bring my child to The Learning Program
- I plan to attend The Learning Program without my child.

Consent to Listing in Class Directory

Learning Program families often request contact information for other families. To facilitate communication between families and friendship building between students, each class will receive its own email directory. The directory will include parent(s) and child names and the parent(s) email/phone number. This information will not be shared with any person or entity outside your class or DSF.

Please indicate below your preference for the Learning Program Class Directory:

- I would like to be included in the 2019-2020 Learning Program Class Directory
- I would NOT like to be included in the 2019-2020 Learning Program Class Directory

Photo and Video Release Form

Down Syndrome Foundation of Orange County (“DSF”) may gather photos and video of people with Down syndrome, their families and friends for the purposes of education, celebration, promotion and awareness. DSF and our Learning Program partners also use such media as content in presentations that teach families and educators across the nation how to work with children with Down syndrome.

Please read and sign the following release if you are willing to grant us permission to use photos or videos involving you, your child or family:

I hereby grant DSF, and their affiliates, representatives and employees, the right to take and use photographs or video of me and/or my minor child in connection with the above-identified purposes.

Please check all that apply:

I am a parent or guardian. I have read the above and fully understand its contents. I hereby grant permission for photograph(s)/video clips to be used in the manner described above.

Signature: _____ Date:

Printed Name:

Minor's name (if applicable):

Relation to minor (if applicable):

I do not consent.

About My Child

Is there any information about your child that you would like to share with The Learning Program™ team? If your child has any special allergies, behaviors, sensory issues, transition issues, additional diagnoses (apraxia, autism, etc.) or fears, please take a moment to let us know so we can work most effectively with your child.

DSF CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION

| | | | |
|------------------------------------|-----------------------------------|-----------------------------|-----------------------------------|
| NAME ON CREDIT CARD | | | |
| TYPE OF CREDIT CARD (check one) | <input type="checkbox"/> VISA | <input type="checkbox"/> MC | <input type="checkbox"/> AMEX |
| TYPE OF ACCOUNT | <input type="checkbox"/> PERSONAL | | <input type="checkbox"/> BUSINESS |
| ACCOUNT NUMBER | | | |
| EXPIRATION DATE | | | |
| BILLING ADDRESS | | | |
| CITY, STATE, ZIP | | | |
| PHONE | | EMAIL | |

AUTHORIZED USE OF CREDIT CARD

| | |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TYPE OF CHARGES | Charges related to Learning Program, including registration and tuition. |
| AUTHORIZED AMOUNT (check and insert amounts) | <input type="checkbox"/> \$50 nonrefundable registration fee <input type="checkbox"/> Pay tuition in full (no registration fee) \$_____ <input type="checkbox"/> Pay tuition on monthly basis \$_____ per month |
| DATES OF CHARGES | Monthly, September 2019 through June 2020 (disregard if paying in full) |

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME

| | | | |
|--------------|--|------|--|
| SIGNATURE | | | |
| PRINTED NAME | | DATE | |