



Kalayaan School for Equity at the Liwanag Cultural Center • Mailing Address: LKC c/o DCPRD, 111 Lake Merced Blvd., Daly City, CA, 94015
Program Location: 111 Lake Merced Blvd., Daly City, CA, 94015 • (650) 641-2891 x573 • KalayaanSchoolforEquity@gmail.com

5A

ENROLLMENT APPLICATION FORM

Student's Name

Pangalan ng Mag-aaral
Nombre del Estudiante

Date / Petsa / Fecha (month-day-year • buwan-araw-taon • mes-dia-año) _____ - _____ - _____

Grade Level

2009 - 2010

Baitang / Curso

Date of Birth

Petsa ng Kapanganakan

Fecha de Nacimiento

School ('09-'10)

Paaralan

Escuela

Parent / Caregiver / Guardian Name

Magulang/Tagapag-alaga

Nombre del Padre / Madre

Language(s) Spoken at Home • Lenguwaheng Ginagamit sa Bahay • Lengua Hablada en Casa _____

Home Address • Address ng Tahanan • Dirección de Casa _____

Work Address • Address ng Trabaho • Dirección de Trabajo _____

Home or Mobile Phone • Telepono sa Bahay o Selpo • Numero de Teléfono del Hogar o Celular

(_____) _____ - _____

Work Phone • Telepono sa Trabaho • Numero de Teléfono del Trabajo

(_____) _____ - _____

STUDENT PARTICIPATION, PICK-UP, & MONTHLY PAYMENT AGREEMENT

Please read the statements below and initial in the box on the right. • Basahin lang po ang mga nakasaad sa ibaba at ilagay ang inyong inisyal sa box na nasa kanan. • Por favor lea lo siguiente y coloque su inicial en la casilla a la derecha.

I agree to have my child attend the 5A Program five days a week and fully participate in program activities until 5:30pm. If my child must be absent from the program, I will inform the 5A Staff by phone before 10:00am at (650) 641-2891 x573 and provide a written excuse for extended absences. • Pumapayag akong dumalo ang aking anak sa 5A Program sa loob ng limang araw buong linggo, Lunes hanggang Biyernes. Kung kinakailangan lumiban ang aking anak, tatawagan ko ang kawani ng 5A bago mag 10:00 ng umaga sa (650) 641-2891 x573 at magbibigay ako ng sulat na nagpapaliwanag sa mga mas mahabang pag-absent. • Yo accedo en que mi hijo(a) atienda el programa "5A Program" cinco días a la semana y participe completamente en las actividades del programa hasta las 5:30p.m. Si mi hijo(a) estará ausente de el programa, yo informaré al "Staff" del "5A Program" por teléfono antes de las 10:00a.m. al teléfono (650) 641-2891 x573 y proporcionar una excusa escrita por las ausencias extendidas.

I agree to pick up my child between 5:30-6:00pm. I understand that the 5A Program ends at 6:00pm and it is my responsibility to pick up my student on time. If I know that my student must either be picked up earlier or later than the designated pick-up time, I will inform the 5A Program Staff in writing or by phone at (650) 641-2891 x573. • Pumapayag akong sunduin ang aking anak mula 5:30-6:00 ng hapon. Naiintindihan ko na tapos na ang programa sa ganap na 6:00 ng hapon at kailangang sunduin ang aking anak sa oras na ito. Kung kailangang sunduin ko nang mas maaga ang aking anak, o kaya'y ako ay mahuhuli sa pagsundo, ipapaalam ko ito sa kawani ng 5A Program sa sulat o pagtawag sa telepono sa (650) 641-2891 x573. • Yo accedo a recoger a mi hijo(a) entre las 5:30p.m. y las 6:00p.m. Entiendo que el programa "5A Program" termina a las 6:00p.m. y es mi responsabilidad el recoger a mi hijo(a) a tiempo. Si por alguna razón se que mi hijo(a) necesita ser recojido antes de la hora designada, informaré al staff de "5A Program" por medio escrito o llamando al teléfono (650) 641-2891 x573.

I agree to pay the required monthly enrollment fee of \$200 by check / money order (made payable to FOCUS with "5A / LKC" written in the memo) or in cash by the first day of every month using the provided envelope payment form and envelope. • Pumapayag akong magbayad ng kinakailangang enrollment fee na \$200 bawat buwan sa pamamagitan ng tseke/money order (sa FOCUS na nakasulat ang "5A/LKC" sa memo) o cash tuwing unang araw ng bawat buwan na gamit ang porma at envelop na inilaan para dito. • Yo accedo en pagar la cuota de inscripción mensual de \$200 (doscientos dólares) en cheque / money order (a nombre de FOCUS con "5A / LKC" escrito en el memo) o en efectivo el primer día de cada mes usando el sobre proporcionado con la forma de pago y el sobre.

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WAIVER OF CLAIM

I allow my child to participate in the 5A Program and its related activities. I understand the 5A Program's policies and procedures that my child must follow. I hold harmless and waive any and all claims against the 5A Program, Kalayaan School for Equity, Liwanag Kultural Center, their contractors and community partners, Filipino Community Services (FOCUS), and the Daly City Parks and Recreation Department for injury, accident, illness or death resulting from events beyond the jurisdiction of the program, or any loss or damage to personal property resulting from participation in any 5A Program activities.

Sa paglagda sa papel na ito, pinapayagan kong dumalo ang aking anak sa 5A Program, at sa lahat ng aktibidad at gawaing nakapaloob dito. Naiintindihan ko ang mga patakaran at proseso ng Programang 5A na kinakailangang sundin ng aking anak. Sa paglagda sa kasunduang ito, batid ko na ang 5A Program, Kalayaan School for Equity, Liwanag Kultural Center, ang mga contractor o partner nila, Filipino Community Services (FOCUS), at Daly City Parks and Recreation Department at sinumang kawani nito ay walang legal na pananagutan sa anumang pangyayaring magdudulot ng kaphamakan sa aking anak dulot ng pakikilahok sa mga gawain at aktibidad dito.

Le permito a mi hijo(a) participar en el programa "5A Program" y las actividades relacionadas. Entiendo las políticas y reglas que mi hijo(a) debe seguir. Deslindo toda responsabilidad y reclamación en contra de el programa "5A Program", Kalayaan School for Equity, Liwanag Kultural Center, sus contratistas y sus socios comunales, Filipino Community Services (FOCUS), y el Daly City Parks and Recreation Department por cualquier daño, accidente, enfermedad o muerte resultado de los eventos fuera de la jurisdicción de el programa, o cualquier perdida o daño a propiedad personal resultado de la participación en cualquiera de las actividades llevadas acabo en el programa "5A Program"

Parent / Caregiver / Guardian Signature
Pirma ng mga Magulang/Tagapag-alaga
Firma del Padre / Madre

Parent / Caregiver / Guardian Name
Pangalan ng Magulang/ Tagapag-alaga
Nombre del Padre / Madre

Date / Petsa / Fecha (month-day-year / buwan-araw-taon / mes-dia-año) ____ - ____ - ____

For enrollment consideration, please mail a completed application to

**5A Program at LKC c/o DCPRD
111 Lake Merced Blvd.
Daly City, CA 94015**

**or deliver it in person, Monday through Friday from 5:00pm-6:00pm
to the Liwanag Kultural Center during the end of the daily 5A Program.**

**If you have further questions, please call 650-641-2891 x573
or email KalayaanSchoolForEquity@gmail.com**