



Weekend School

23581 Madero Dr., Suite 104, Mission Viejo, CA 92691
 Tel (949) 595-0480, Fax (949)595-0484, admin@ocif.org;

Student's LAST NAME	Student's FIRST NAME	LIST AGE OF STUDENT
Father's Name	Mother's Name	DATE OF BIRTH
Street Address	City & Zip Code	OTHER PARENT/GUARDIAN NAME
EMERGENCY CONTACT PERSON	EMERGENCY CELL #	LIST ALLERGIES:
Home Phone # () -	Other/Mobile Phone # () -	EMAIL ADDRESS to RECEIVE SCHOOL NOTICES
Language(s) spoken at home: Arabic English Urdu Farsi Other _____		
Name(s) of sibling(s) at OCIF		
1	2	3
Please list any PHYSIAL/MENTAL DISABILITIES we should be aware of:		
*If child has a mental/physical disability, a parent may be required to be on-site with child for duration of program		
FIELD TRIPS & ALICIA PARK WAIVER: I agree to allow my child(ren) to attend all field trips & park activities during weekend school YES NO		
SATURDAY PROGRAM	SUNDAY PROGRAM	YOUTH PROGRAM
Parent's Signature	Date Signed _____-_____-_____	

FOR OFFICE USE ONLY

Notes: Low income family Reduced tuition Amt: _____ Copy of financial statements Prev. Balance Owed- CREDIT CARD ON-FILE FOR CHARGING	1st PAYMENT Amount: _____ Date: _____ Approval: _____	CASH CHECK CHARGE
	2ND PAYMENT Amount: _____ Date: _____ Approval: _____	CASH CHECK CHARGE
	3RD PAYMENT Amount: _____ Date: _____ Approval: _____	CASH CHECK CHARGE
	ENROLLED BY & DATE:	ASSIGNED LEVEL: