

Chinese After School Program

Registration form for school breaks

Name (in English & Chinese), First: _____ Last: _____

Sex: _____ DOB: ____/____/____ (mm/dd/yyyy) Grade level: _____

Name of the regular School attended: _____

Home Address: _____ City: _____ Zip: _____

Mother: _____ Home #: _____ Work #: _____ Cell #: _____

Father: _____ Home #: _____ Work #: _____ Cell #: _____

Mother Email: _____ Father email: _____

Local Emergency Contact: (other than parent/guardian)

Name: _____ Home #: _____ Work #: _____ Cell #: _____

Name: _____ Home #: _____ Work #: _____ Cell #: _____

Medical Information:

Child's Physician: _____ Location: _____

Medical Insurance Carrier: _____ Policy or Group ID #: _____

In the event a child gets accidental injury during our program, we will notify the parent immediately. If emergency treatment is necessary, we will notify the parent immediately and/or call 911 or take the child to the nearest hospital. We may also notify the physician listed on the medical information. Any expenses incurred for the above actions will be the responsibility of the parent.

I hereby authorize the After School Program and its staff members to take full charge of any emergency that may possibly occur. I will not hold any staff member liable in case of accidents or injuries

Register for (dates): _____

Parent signature: _____ Date: _____

Please mail this form to : 306 Laurens way, Chapel Hill, NC 27516.