

## Chinese After School Program

110 N Elliott Rd, Chapel Hill, NC 27514 (Church of Reconciliation)

### Registration Form

**First Name (in English & Chinese):** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Sex:** \_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy), **grade** \_\_\_\_\_

**Name of regular school attended** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home #:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**WeChat ID (optional)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**WeChat ID (optional)** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Local Emergency Contact: (other than parent/guardian)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_ **Policy or Group ID #:** \_\_\_\_\_

In the event your 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, not the school and its staffs.

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 the school and any staff member liable in case of accidents or injuries.

**Comments:** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail this form and a \$35 registration fee to 306 Laurens Way, Chapel Hill, NC 27516.  
Please make the check payable to ASAC**