

Chinese After School Program

Carolina International School, 9545 Poplar Tent Rd, Concord, NC 28027

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**