

Chinese After School Program

9115 Seawell School Rd, Chapel Hill, NC 27516 (Seawell Elementary School)
Church of Reconciliation (110 Elliott Rd, Chapel Hill, NC 27154)

Registration form

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

Comments: _____

Parent signature: _____ **Date:** _____

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