

## **Chinese After School Program at RTP**

5322 Highway 55, Suite 102, Durham, NC 27713

### Registration form

**Name (in English & Chinese), First:** \_\_\_\_\_ **Last:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) **Grade level:** \_\_\_\_\_  
**Name of the regular School attended:** \_\_\_\_\_  
**School Type (Traditional or Year Around):** \_\_\_\_\_  
**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:**  
**ASAC-RTP, 5322 Highway 55, Suite 102, Durham, NC 27713.**  
**Please make the check payable to ASAC-RPT.**