

J & R LEARNING CENTER SCHOOL-AGE REGISTRATION FORM

Student Information

Student Name	Chinese Name	Gender			
Birth Date	Start Date	Allergies (if any)			
School	Grade	School District			
School Address	City	Classroom Number	School Phone		
School Dismiss Time	M	T	W	TH	F
Program	Full Time	M	T	Pick-up Service	Yes
	W	TH	F		No
School Fees	Monthly Tuition (\$)	Deposit (\$)	*\$ 200 Reg. Fee (Non-refundable)		

Emergency Contacts

Home Address		
City	State	Zip Code
Father's Name	Daytime Phone	Cell Phone
E-mail Address		
Mother's Name	Daytime Phone	Cell Phone
E-mail Address		
Guardian	Phone	Relationship
Phone Number		

LIABILITY RELEASE

The undersigned, in consideration of participation in the classes & activities & field trip, agrees to indemnify and hold Jia-Ray Learning Center, Inc. harmless and release Jia-Ray Learning Center, Inc. of any and all liability for any injury which may be suffered by the student(s) registered at Jia-Ray Learning Center, Inc., arising out of or in any way connected with participation in the classes & activities & pick up services except those arising out of the sole willful act or sole negligent act of Jia-Ray Learning Center, Inc. or its employees.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED AND NO LAWSUIT TO J & R LEARNING CENTER, INC. AND THE STAFF. I GIVE PERMISSION TO JIA-RAY LEARNING CENTER, INC. FOR ANY NECESSARY MEDICAL CARE TO BE GIVEN TO MY CHILD (REN) IN CASE OF AN EMERGENCY/ACCIDENT.

I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE COSTS OF ANY TREATMENT PROVIDED.

Parent's Signature: _____ Date: _____

The LIABILITY RELEASE MUST be signed in compliance with Jia-Ray Learning Center's policy and procedure. Failure to sign will invalidate your registration application. Failure to pay the registration fee and deposit will invalidate your registration application.