

J & R LEARNING CENTER

PRESCHOOL REGISTRATION FORM

Student Information

Student Name _____ Chinese Name _____
Gender _____ Birth Date _____
Attending Hours _____ Start Date _____

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 _____

Physician and Medical Information

Physician's Name _____ Phone Number _____

Insurance/Health Coverage (Company) _____ Allergies (if any) _____

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.