

# 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	Classroom Number	School Phone				
School Dismiss Time	M	T	W	Th	F	
Program	Full time	M	T	W	Th	F

<b>School Fees (\$)</b>	Monthly Tuition (\$)	Deposit (\$)
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### 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

#### 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.*