

# 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
<b>School Fees</b>	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.*