



HuaYi Education 华裔中文学校

REGISTRATION FORM

Must be updated annually. Please fill in all blanks including the Emergency Contact person's address for safety (and State Licensing required). Write N/A if not applicable.

Student Name:		Birth Date: Male/Female	Age: Fall Grade:	Start Date:
Student's Home Address:			City:	Zip Code:
Mother's Full Names	Address:		City/State:	Zip Code:
	Work Phone #:	Cell Phone #:	Home Phone #:	Email Address:
Father's Full Names	Address:		City/State:	Zip Code:
	Work Phone #:	Cell Phone #:	Home Phone #:	Email Address:
Emergency Contact other than parent/guardian	Work Phone #:	Cell Phone #:	Address:	

Please list additional persons allowed to pick up your child/ren. Older siblings may pick up provided there is a signed permission letter from the parent and Photo ID of the sibling on file at HuaYi Education. The following individuals may serve as my agent and have my permission to pick up my child/ren from HuaYi Education:

Name (Primary person other than parents)	Relationship to Student	Driver's License # (attach a copy of the driver's license for each)	Phone Number

After School Program

Curriculum: please circle the classes you sign on.

Starting: Fall / Spring

Chinese 标准中文	Free (\$30 book)	PinYin	1	2	3	4	5	6	Mon or Tue
Critical Thinking	\$5/lesson	Grade:	K	1	2	3	4	5	
PACE/GT Prep	\$400	Grade:	K	1	2	3	4	5	

Summer Camp

Put "ALL" in each column if attending all 5 days; otherwise, write the days attending, i.e. "MWF" for 3 days.

Date	5/28- 5/31	6/03 - 6/07	6/10 - 6/14	6/17- 6/21	6/24 - 6/28	7/01 - 7/05
Attending days						
Tuition						
Date	7/08- 7/12	7/15 - 7/19	7/22- 7/26	7/29 - 8/02	8/05-09 PISD&FISD 8/05-06 AISD	8/12 PISD
Attending days						
Tuition						

Curriculum: please circle the classes you sign on

Chinese 暨南中文	Free (\$12 book)	PinYin	1	2	3	4	5	6	7
PACE/GT Prep	\$400	Grade (as of coming Fall):	K	1	2	3	4	5	6

Check All Items That Apply Below:

1. ☐ Transportation - I hereby ☐ give ☐ do not give – my consent for my child/ren to be transported by HuaYi Education:
☐ from my child's public school
☐ on field trips and to parks
2. ☐ Water activities - I hereby ☐ give ☐ do not give – my consent for my child/ren to participate in swimming at the Plano recreation centers (summer program only).
3. ☐ Publications, Video, Internet Consent, and Release – I hereby ☐ agree ☐ do not agree - to allow my child to be photographed and videotaped at HuaYi Education and HuaYi Education's special events (e.g., holiday parties, speech classes and contests, and summer field trips) for the purpose of celebration, evaluations, and promotion of the programs. I may request a hard/soft copy available of my child's photographs at no charge or make my own copy of videotape at my own efforts.
4. ☐ Field Trip - I hereby ☐ give ☐ do not give – my consent for my child to participate HuaYi Education field trip events and to travel to and from the events.

I will not hold HuaYi Education responsible for any liability of accident and/or the cost of emergency care and/or transportation.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Immunization for After School Students

Please sign both the immunization and emergency health & medical contacts sections.

My child attends the following schools:

Phone number:

My child's immunization record and hearing/vision screening statement are on file at the above school and all immunizations are current.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Emergency Health and Medical Contacts

Please fill in all blanks including the doctor's address for safety. Write N/A if not applicable.

Doctor:

Phone #:

Address:

If necessary, I authorize HuaYi Education to obtain emergency medical care and to transport my child/ren to the nearest clinic/hospital for emergency medical treatment.

IMPORTANT HEALTH INFORMATION: Please list health conditions, allergies (drug, food, etc.), hospitalization in the past 12 months, medications prescribed for continuous, long-term use, and medical history:

Authorization for Emergency Medical Care

I permit my child _____ for full participation including gymnastics, basketball, Ping Pong, and all other classes if registered, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me, my spouse or next of kin). In the event I cannot be reached to decide on emergency medical care for illness or accident, I hereby give my permission to the licensed healthcare practitioner selected by HuaYi Education to secure treatment, including hospitalization, anesthesia, surgery, or injections of medicine for my child. I further understand I will be responsible for paying for the emergency treatment expenses.

I have read, understand, and agree to the above statements and attached HuaYi Education Policies.

Signature of Parent/Guardian: _____ Date: _____

Please make payable to:

HuaYi Education

Bring in this form or fax/mail to:

6921 Independence Pkwy, Suite 270, Plano TX 75023

Tel: (469) 371-1227

Fax: (469) 814-8404