

**Registration Form**  
**After School Program**

2016-2017

Grades : k - 5

from 2:45 p.m. to 6 p.m.

***Asian American Cultural Center***

11713 Jollyville Road, Austin, Texas 78759

512-336-5069 voice/336-5075 fax

[www.asianamericancnc.com](http://www.asianamericancnc.com)

Child's Name: \_\_\_\_\_  
(First Name) (Last Name)

Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact's name and phone number: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone/other: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Email address: \_\_\_\_\_

**Person(s) authorized to Pickup (Parent must also be listed):**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ TDL# \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ TDL# \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ TDL# \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ TDL# \_\_\_\_\_

**Health History (please give approximate dates of occurrence):**

Bleeding & clotting disorders \_\_\_\_\_ Allergies: \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_ Food \_\_\_\_\_

Epilepsy \_\_\_\_\_ Grass/tree \_\_\_\_\_

Heart Disease \_\_\_\_\_ Insect bites/stings \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Insecticide \_\_\_\_\_

Measles \_\_\_\_\_ Others \_\_\_\_\_

Mumps \_\_\_\_\_

Hospitalization \_\_\_\_\_ and reason(s) \_\_\_\_\_

**Insurance information:**

Child is insured by Parent/Guardian (full name: \_\_\_\_\_)

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Doctor Name & Phone # \_\_\_\_\_

## After School Program - Registration Form (Continued)

A. \_\_\_\_\_ \$325 Monthly Tuition

B. \_\_\_\_\_ \$25 Registration Fee

C. \_\_\_\_\_ \$85 Pick up fee.

D. \_\_\_\_\_ \$25 late payment fee, \$1 per minute late pick up fee.

### Parent/Guardian Authorization:

- I understand that neither AACC nor its paid staff or volunteers can be held responsible in the event of accident(s) resulting in injuries or accidental death.
- I understand the AACC After School Program registration policies listed above.
- I understand that class work made by my child and photos taken of my child may be used by AACC in its future publications.
- I authorize my child to view G-rated cartoons video or movies.
- I authorize my child to be transported in AACC arranged transportation.
- I authorize my child to take part in water activities.
- I acknowledge that AACC does not offer any medical insurance to protect against any form of risk leading to injuries, and has no responsibility for any medical expenses so incurred. I agree to assume such risks and such financial responsibility.
- I declare my child is in good physical condition and has my permission to participate in all activities arranged by AACC.
- I give permission to AACC to arrange for emergency/medical personnel to carry out any types of check-ups/test/treatments as professionally required by these personnel, in case my child has an accident or becomes sick, and I cannot be reached.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Magic Dragon School at Asian American Cultural Center



## After School Care: Children Pick-up Procedures:

- ✚ Children are picked up from school or brought by the school bus to the center.
- ✚ Roll call is taken to identify the children who are enrolled in after-school care at the center.
- ✚ **Parents are asked to notify the center Director or her staff if a child will not be at the center on a specified day.**
- ✚ If a child is not available for pick up or is absent from the group to be picked up at school or from the bus, the teacher supervising the group at pick up time, calls the center to see if the parent of the child had called to say that the child should not be picked up on that day.
- ✚ **If the parent had not notified the child care center about the child's absence, then the center and/or the teacher will contact the designated parent of the child to let them know that the child was not available for pick up.**
- ✚ The bus or the center will not be satisfied, or leave the school, until the location and the safety of the child has been determined.

## Parent's Acknowledgement

This is to acknowledge that \_\_\_\_\_  
(Name of Facility Staff)

has provided me with the Program Operation Policies of The Magic Dragon School and has provided me with the orientation of the school program and its principles.

\_\_\_\_\_  
(Signature-Parent/guardian)

\_\_\_\_\_  
Date