

Student Registration Form

Student Name		Date of Birth	
Nickname		Gender	
School Attended		Grade	
Parent / Guardian Information			
Name		Relationship	
Home Address:			
E-Mail		Contact Number	
Name		Relationship	
Home Address			
E-Mail		Contact Number	
Additional Guardians Authorized for child pick up			
Name	Relationship	Contact	
Emergency Contact Information			
Name	Relationship	Contact	
Medical Emergency Contact Information			
Physician Name	Clinic/Institution	Contact	
Authorizations			
<p><input type="checkbox"/> My child may be picked up from school by company or private vehicle.</p> <p><input type="checkbox"/> My child may be driven to field trip activities, excursions by company or private vehicle.</p> <p><input type="checkbox"/> My child may be authorized to participate in outdoor activities (such as field trips, sports, swimming, games) under strict supervision by school personnel.</p> <p><input type="checkbox"/> My child may receive necessary first aid, anti-bacterial ointment, disinfectants and band aid at the discretion of school personnel</p> <p><input type="checkbox"/> My child may receive non-prescription medicine at the school upon confirmation by parents/guardians</p> <p><input type="checkbox"/> I authorize the school to call 911, arrange for ambulance and emergency care while exerting best efforts to contact parents/guardians in the case of medical emergency for my child.</p>			
Parent/Guardian Signature _____			Date _____

Additional Child Information

Does your child have Allergies?	Yes	No
If Yes, please list		
Additional comments and instructions		

Does your child have special needs?	Yes	No
If Yes, please list		
Additional comments and instructions		

What are your primary interests regarding the education program at the school	<input type="checkbox"/> Reinforcement of public school curriculum <input type="checkbox"/> English vocabulary, reading, writing <input type="checkbox"/> Standard tests practice (COGAT, ITBS) <input type="checkbox"/> STEM (Math, Science, Coding, Robotics, Electronics project) <input type="checkbox"/> Languages (Chinese, Japanese, French, etc.) <input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Other. Please list _____
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Please feel free to let us know any additional requests, suggestions and expectations here.	
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School Registration Policy

- School registration is free of charge but a \$100 refundable deposit is required at time of registration. Deposit will be refunded against school tuition within the first two months of school attendance.
- School services are provided on a monthly, weekly, daily or even hourly basis to best fit a child’s education plan in coordination with external service providers and parents/guardians’ professional schedule.
- Parents/guardians have responsibility to clearly communicate their children’s attendance ahead of time.
- Any change in expected children attendance for a day should be communicated **24 hours ahead of time**. Failure to do so will cause the school to charge education services for that day.
- School facilities may be used for students attending online classes from external providers on the side of regular classes. However, time spent within the school is charged as though the student attended all classes.
- School pick-up is included by default in school services. Parents/guardians may occasionally request the school to send children home at the end of the day, but this will be considered a billable additional service.

Tentative Weekly Attendance Pattern (Please circle or correct)

Monday	Tuesday	Wednesday	Thursday	Friday
School Release	School Release	School Release	School Release	School Release
End of Day	End of Day	End of Day	End of Day	End of Day

Parent/Guardian Signature _____

Date _____