

# Wing After School Registration Form

Add: 451 Los Coches St, Milpitas, CA 95035

Tel: (408) 510-8829

Web: [www.wingeducare.com](http://www.wingeducare.com)

## CHILD INFORMATION

English Name #1:		Chinese Name:		F/M	Birth Date:	
Home Add:						
School:		Grade:		For Kindergarten Only:	Morning/Afternoon	
English Name #2:		Chinese Name:		F/M	Birth Date:	
School:		Grade:		For Kindergarten Only:	Morning/Afternoon	
English Name #3:		Chinese Name:		F/M	Birth Date:	
School:		Grade:		For Kindergarten Only:	Morning/Afternoon	

## PARENTS INFORMATION

MOTHER	English Name:		Chinese Name	
	Work Phone:		Cell Phone:	
	Home Phone:		Employer:	
	E-Mail:			
FATHER	English Name:		Chinese Name	
	Work Phone:		Cell Phone:	
	Home Phone:		Employer:	
	E-Mail:			

## EMERGENCY CONTACT

Name 1:	Phone:	Name 2:	Phone:
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## MEDICAL INFORMATION

Insurance:		Medical ID:		Doctor:
Doctor Phone No:		Allergy/Special Condition:		Special Dietary:

## After School Program Enrollment

Need Pickup:	Yes / No	After School Days:	M	T	W	Th	F
Special Needs:							
Optional Class	( )MPM	( )Piano	( )Chess	( )Drawing	( )GO	( )Writing	
	( )Calligraphy	( )Clay	( )Kungfu	( )Chinese	( )Pingpong		

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# **Wing After School Parent Agreement**

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## **Parent Agreement**

I, (Name of parent/guardian) \_\_\_\_\_, have read all attached Wing Statements and Policy, Tuition and Enrichment Program Fee Charge sheet. I agree to pay each Week/Month's tuition/class fees and follow the school policies. I understand that failure to pay tuition/fees by required due date will result in termination from Wing. I have also agreed to sign the following liability release statements.

I here authorize my signed child, (Name of student) \_\_\_\_\_, to participate all Wing Indoor and outdoor program activities, including annual events/parties, summer camp field trips and school year daily pick up assistance if parent has such need. I understand all camp's field trips and the pick up are organized on Wing / Teachers / Parents VOLUNTEER efforts. By signing this agreement, I do hereby release, forever discharge and agree to hold harmless to Wing. Car-pool driver, and their president, directors, administrators, teachers, contractor, employees / agents thereof from and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses or any nature whatsoever which may be incurred by the undersigned and the participant while said person is participating in the above described activities. The undersigned further hereby agrees to hold harmless and indemnify said school / corp, president, directors, teachers, contractors, employees /agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

I here gives permission to seek whatever medical attention is deemed necessary, and releases, Wing and persona of any liability against personal losses of signed child. In the event treatment is required which a physician and / or hospital personal refuses to administer without consent, I hereby authorize persons of the Wing to give consent for me, and I agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided by me is accurate and will, to the best of my knowledge, still be in force for the signed child named above at the time of the Event.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_