

# NORTH STAR EDUCATION CENTER REGISTRATION FORM

## Student Information

Student Name	<input type="text"/>	Chinese Name	<input type="text"/>	Gender	<input type="text"/>					
Birth Date	<input type="text"/>	Start Date	<input type="text"/>	Allergies (if any)	<input type="text"/>					
School	<input type="text"/>	Grade	<input type="text"/>	School District	<input type="text"/>					
School Address	<input type="text"/>	City	<input type="text"/>	Classroom Number	<input type="text"/>	School Phone	<input type="text"/>			
School Dismiss Time	M	<input type="text"/>	T	<input type="text"/>	W	<input type="text"/>	TH	<input type="text"/>	F	<input type="text"/>
Program	<input type="checkbox"/> Full Time	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	Pick-up Service	<input type="radio"/> Yes	<input type="radio"/> NO	
School Fees	Monthly Tuition (\$)	<input type="text"/>	Deposit (\$)	<input type="text"/>	*\$ 100 Reg. Fee (Non-refundable)					

## Emergency Contacts

Home Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Father's Name	<input type="text"/>	Daytime Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-mail Address	<input type="text"/>				
Mother's Name	<input type="text"/>	Daytime Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-mail Address	<input type="text"/>				
Guardian	<input type="text"/>	Phone	<input type="text"/>	Relationship	<input type="text"/>
Phone Number	<input type="text"/>				

## LIABILITY RELEASE

The undersigned, in consideration of participation in the classes & activities & field trip, agrees to indemnify and hold in North Star Education Center, harmless and release north star education Center of any and all liability for any injury which may be suffered by the student(s) registered at north star. 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 North Star Education center, its Employees. Or Volunteers.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED AND NO LAWSUIT TO CENTER. AND THE STAFF. I GIVE PERMISSION TO CENTER. FOR ANY NECESSARY MEDICAL CARE TO BE GIVEN TO MY CHILD (REN) IN CASE OF AN EMERGENCY/ACCIDENT.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The LIABILITY RELEASE MUST be signed in compliance with 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.*