

夏樂市華人浸信會

Charlotte Chinese Baptist Church

Chinese School Registration Form

School Year 20____ – 20____

Family Contact Information

Student #1 Name (English/中文) _____ Age _____

Student #2 Name (English/中文) _____ Age _____

Address _____ Home Phone _____

Father's Name (English/中文) _____ Cell Phone _____

Father's Email _____

Mother's Name (English/中文) _____ Cell Phone _____

Mother's Email _____

Emergency Contact Information

Friend or Neighbor (1) _____ Phone _____

Friend or Neighbor (2) _____ Phone _____

We will do our best to take care of your child while he/she is in school. However, in the unforeseen event of severe accident or serious illness, we need to contact your child's physician or someone the child may be taken to at parent's expense.

- NO PHYSICIAN WILL BE CALLED UNLESS UNABLE TO CONTACT PARENTS.

• Physician Name _____ Phone _____

• Do you give permission for us to arrange transportation for your child to appropriate medical facilities? Yes _____ No _____

• In case of severe accident or serious illness, do you consent for physician or medical group named above or any available to treat your child in your absence? Yes _____ No _____

• List any allergies your child may have: _____

• Does your child have any special needs? Please explain: _____

Parent's Name (Please Print): _____

Parent's Signature: _____ Date: _____

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Chinese School Liability Waiver Form

School Year 20____ – 20____

We do our best to take care of your children at school, but we expressly assume no liability for any injuries or accidents that may occur to your children during school hours. Please read the following liability waiver and sign it. This is a necessary step toward your registration process.

LIABILITY WAIVER

I understand that neither the Charlotte Chinese Baptist Church (CCBC), the CCBC Chinese School, nor the members, teachers, voluntary workers of the said organizations will be held responsible for any injuries or accidents which may occur on the premises during school hours.

Student #1 Name: _____

Student #2 Name: _____

Parent's Name (Please Print): _____

Parent's Signature: _____ Date: _____