

### Chinese After School Program

Glenwood Elementary School, 2 Prestwick Rd, Chapel Hill, NC 27517

### Registration Form

First Name (in English & Chinese): \_\_\_\_\_

Last Name: \_\_\_\_\_

Sex: \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy), grade \_\_\_\_\_

Name of regular school attended \_\_\_\_\_

Home Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

WeChat ID (optional) \_\_\_\_\_ Email: \_\_\_\_\_

Father: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

WeChat ID (optional) \_\_\_\_\_ Email: \_\_\_\_\_

#### Local Emergency Contact: (other than parent/guardian)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Location: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy or Group ID #: \_\_\_\_\_

In the event your child gets an accidental injury during our program, we will notify the parent immediately. If emergency treatment is necessary, we will notify the parent immediately and/or call 911 or take the child to the nearest hospital. We may also notify the physician listed on the medical information. Any expenses incurred for the above actions will be the responsibility of the parent, not the school and its staff.

I hereby authorize the after school Program and its staff members to take full charge of any emergency that may possibly occur. I will not hold the school and any staff member liable in case of accidents or injuries.

Comments/drop off location/extended care if applicable \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please email your signed form to [admin@aiaac.us](mailto:admin@aiaac.us), pay \$50 registration fee via Zelle (admin@aiaac.us: ASAC) or mail your signed form and a check[ made payable to ASAC] of \$50 registration fee to 306 Laurens way, Chapel Hill, NC 27516

**TUITION & SCHEDULE**  
**2023-2024 ANNUAL CONTRACT- ASAC ONSITE AFTER SCHOOL**

	yearly total payment Other student/Glenwood student	9-monthly payment, due on the first day of each month (Sept 2023 - May 2024) Other student/Glenwood student
full time, 5-day/week	\$2835/\$2430	\$315/\$270
4-day/week	\$2754/\$2340	\$306/\$260
3-day/week	\$2484/\$2250	\$276/\$250
2-day/week	\$1890/\$1800	\$210/\$200
1-day/week	\$1080/\$1035	\$120/\$115

\*drop off fee: \$30/month, \$50 for 2 siblings

\*\*Daily Rate of \$36 will be offered for Students who do not want to sign a 1-year contract

**Other fee and discount**

items	Fee	Note
registration fee	\$50	
deposit	\$100	paid at time of registration, will be refunded at the end of school year with a deduction of account balance; non-refundable if withdraw from ASAC after school early
Book fee	\$28+	Chinese books (\$15), Math (\$13) Pinyin(\$10)-Kindergarten
sibling discount	10%	for the 2nd sibling, for full time, non-Glenwood student only
late pick up fee	\$1/min	after 6:00pm

Payment: 1. Zelle ([admin@aiac.us](mailto:admin@aiac.us)); 2.Check: payable to ASAC

**Note:**

1. After-school payment does not cover for teacher workdays, or days when children are not in school. If CHCCS are closed, ASAC will be closed. If CHCCS has an early release, ASAC will not pick up students. Parents will be responsible for picking up your child at your child's school. ASAC will make up days missed due to inclement weather in line with CHCCS weekday makeup schedule. The full yearly and monthly fee is due regardless of the number of days the child is absent from the program for illness, family trips, etc.

2. A late fee of \$30 will be charged when a fee has gone unpaid for more than 10 days past the due date (1st day of each month)

3. A 2-week written notice is required for early termination of an one-year contract with ASAC or any schedule changes.

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**  
**For American School of Asian Culture**  
**all programs and activities**

I, \_\_\_\_\_ [Participant's Name], hereby assume all of the risks of participating in any and all activities associated with the American School of Asian Culture (as ASAC) .

I certify that I am the parent/guardian of the child enrolled in ASAC's program and that the child is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude the child's participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by ASAC's program and activity holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my child's enrollment and permitting him/her to participate in ASAC's program, I hereby take action for myself, my child, our executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my child including my child's traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: ASAC and/or their directors, officers, employees, volunteers, representatives, and agents, and the programs, activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of my child's participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that the ASAC's program may involve physical activity and carries with it the potential for injury and property loss. The risks include, but are not limited to, those caused by physical activity, weather, condition of participants, equipment, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while my child is participating in this activity, he/she may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signed [Parent/Guardian's Name]: \_\_\_\_\_ Date: \_\_\_\_\_

Printed [Parent/Guardian's Name]: \_\_\_\_\_