

After School Registration Form

Ephesus Elementary School, 1495 Ephesus Church Rd, Chapel Hill, NC 27517

Chinese Track Flexible Track (Chinese Optional)

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 if applicable _____

Parent Signature _____ **Date:** _____

Please email your signed form to admin@asac-nc.org, pay \$50 registration fee via Zelle (admin@asac-nc.org: 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

2026-2027 ANNUAL CONTRACT- ASAC AFTER SCHOOL

	yearly total payment /10%discount	9-monthly payment, due on the first day of each month (Sept 2026 - May 2027)/10% discount
full time, 5-day/week	\$3015/\$2713.5	\$335/\$301.50
4-day/week	\$2925/\$2632.50	\$325/\$292.50
3-day/week	\$2610/\$2349	\$290/\$261
2-day/week	\$2250/\$2025	\$250/\$225

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

**Daily Rate of \$36 (non contract students)

Other fee and discount

items	Fee	Note
registration fee	\$50	waived for Glenwood students
deposit	\$100	due at the time of enrollment. It will be refunded at the end of the school year, minus any outstanding account balance. Please note that the deposit is non-refundable if a student withdraws from ASAC before the end of the school year.
book fee	\$28+	Chinese books (\$15), Math (\$13) Pinyin(\$10)-Kindergarten
supplies fee	\$30	
sibling discount	10%	for the 2nd sibling, full time, non-Glenwood, non-Ephesus student only
late pick up fee	\$1/min	after 6:00pm

Payment: 1. Zelle (admin@asac-nc.org); 2.Check: payable to ASAC

Note:

1. Program Schedule and Tuition

Our after-school tuition covers regular school days only and does not include teacher workdays or days when school is closed. If Chapel Hill-Carrboro City Schools (CHCCS) is closed, ASAC will also be closed.

On early release days, ASAC will not provide school pickup, so families will need to arrange pickup directly from school.

When closures occur due to inclement weather, we will do our best to offer makeup days following the CHCCS makeup schedule.

Tuition is based on enrollment rather than attendance, so monthly and annual fees remain the same regardless of absences due to illness, travel, or other personal reasons.

2. Late Payments

We understand that things come up! A \$30 late fee will be applied if payment is more than 10 days past the due date (the 1st of each month).

3. Changes and Withdrawal

If you need to make a schedule change or withdraw from the program, we kindly ask for at least two (2) weeks' written notice. This helps us plan staffing and ensure a smooth experience for all families.

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

American School of Asian Culture (ASAC),

All Programs and Activities

I, _____ [Participant's Name], hereby assume all risks associated with participation in any and all programs and activities of the American School of Asian Culture ("ASAC").

I certify that I am the parent or legal guardian of the child enrolled in ASAC's program. I further certify that my child is physically fit, has adequately prepared for participation, and has not been advised by a qualified medical professional to refrain from participation. I affirm that there are no health-related conditions that would prevent my child from safely participating in these activities.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by ASAC, including its program and activity organizers, sponsors, and representatives, and that it will govern my child's participation in all related activities.

In consideration of my child being permitted to participate in ASAC programs, I, on behalf of myself, my child, and our respective executors, administrators, heirs, next of kin, successors, and assigns, agree as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE ASAC and its directors, officers, employees, volunteers, representatives, agents, program organizers, sponsors, and affiliates from any and all liability, including but not limited to liability arising from negligence, for any injury, illness, disability, death, property damage, or loss that may occur as a result of my child's participation in these activities, including travel to and from such activities.

(B) I AGREE TO INDEMNIFY, HOLD HARMLESS, AND NOT SUE the entities or persons listed above for any claims, demands, or causes of action arising out of or related to my child's participation in these activities, whether caused by negligence or otherwise.

I understand that participation in ASAC programs may involve physical activity and carries inherent risks, including but not limited to injury, illness, or property loss. These risks may arise from physical activity, equipment, weather conditions, the condition of participants, and the actions of other participants,

volunteers, or staff.

I consent to the administration of emergency medical treatment deemed necessary in the event of injury, accident, or illness during participation.

I grant permission for my child to be photographed or recorded during participation in ASAC activities and authorize ASAC to use such images or recordings for legitimate educational, promotional, or organizational purposes.

This waiver and release shall be construed broadly to the fullest extent permitted by applicable law.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT. I ACKNOWLEDGE THAT THIS IS A RELEASE OF LIABILITY AND A LEGALLY BINDING AGREEMENT, AND I SIGN IT VOLUNTARILY.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____