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NEW STUDENT/FAMILY INFORMATION AND POLICY AGREEMENT FORM

FAMILY INFORMATION		FID				
Guardian1 Full Name	Relationship	Guardian2 Full Name	Relationship	Home Phone	Mobile Phone	
Home Address	City	State	Zip	Email Address		

EMERGENCY CONTACT INFORMATION					
Emergency Contact Full Name	Relationship	Home Phone	Mobile Phone		
Pediatrician Full Name	Phone				

In case of emergency, and if parent or designated emergency contact is unavailable, children will be treated at Children's Memorial Hospital. No ChinaKids staff will administer medication of any kind to children.

STUDENT INFORMATION						
SID		Student Full Name	BirthDate	School	Adopted (Y/N)	Medical/Additional Info
	1					
	2					
	3					
	4					

Policy Agreement

1. I have read and accept the tuition policy online. I understand that I am responsible for the full tuition of the semester for which I am registering.
2. I have read and understand the liability waiver and agree that I will not hold ChinaFriends, or any owners, directors, officers, agents, servants, employees and landlords liable for injuries sustained, damages, or loss or illnesses contracted by myself or any child while a participant of ChinaFriends programs.
3. I have read and understand the school conduct policy that it is the parent/guardian/caregiver's responsibility to supervise his/her participant in order to help ensure a safe environment for all participants. I further understand and agree that if a child's behavior is disruptive and cannot be remedied, that he/she may be asked to leave a class or withdraw from the session.
4. I have read and understand that a child is to be kept home if he/she exhibits any of the noted illness symptoms and that I will immediately notify ChinaFriends should my participant contract a contagious disease.
5. I have been given a copy, read and accept ChinaFriends School policies regarding acceptable school conduct, refund policy as well as all other policies regarding the operations of the school.
6. I authorize ChinaFriends officials, consultants and teachers to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child's immediate care, and agree that I will be responsible for payment of any and all medical services required. I understand and agree that in case of emergency, and if parent or designated emergency contact is unavailable, children will be treated at Children's Memorial Hospital.
7. I understand and agree that any photography or video taken while participating in a class, special event or use of a facility may be used for promotional purposes for ChinaFriends.
8. I have read, fully understand and accept the sections on Liability Waiver and Release, Permission to Secure Treatment, Tuition Policy, Health and Safety, Emergency and Illness Guidelines and Use of Photographic Images Release.

Guardian Printed Name

Guardian Signature

Date

All information in this registration form is confidential.