Registration Form

After School Program

2026-2027

Grades : k – 5

from 2:45 p.m. to 5:45 p.m.

Asian American Cultural Center

11713 Jollyville Road, Austin, Texas 78759
512-336-5069 voice/336-5075 fax
www.asianamericancc.com

Child's Name: _____ _____
(First Name) (Last Name)
Sex: ____ Date of Birth:_____ Home phone:_____

Address:_____
Email Address: _____
Emergency contact's name and phone number:_____
Name of School:_____
Name of Parent/Guardian:_____
Address:_____
Home phone:_____ Work phone/other:_____
Employer's Name:_____
Email address: _____

Person(s)authorized to Pickup (Parent must also be listed):
Name:_____Phone _____TDL#_____
Name:_____Phone _____TDL#_____
Name:_____Phone _____TDL#_____
Name:_____Phone _____TDL#_____

Health History (please give approximate dates of occurrence):
Bleeding & clotting disorders_____
Chicken Pox_____
Diabetes_____
Epilepsy_____
Heart Disease_____
High Blood Pressure_____
Measles_____
Mumps_____
Hospitalization_____and reason(s)_____

Allergies:
Asthma_____
Food_____
Grass/tree_____
Insect bites/stings_____
Insecticide_____
Others_____

Insurance information:
Child is insured by Parent/Guardian (full name:_____)
Insurance Company:_____Policy #_____
Child's Doctor Name & Phone #_____

After School Program – **Registration Form** (Continued)

A._____ $475 Monthly Tuition

B._____$25 Registration Fee

C. _____ $100 Pick-up fee.

D._____ $25 Late payment fee,$1 per minute late pick up fee.

Parent/Guardian Authorization:

- I understand that neither AACC nor its paid staff or volunteers can be held responsible in the event of accident(s) resulting in injuries or accidental death.
- I understand the AACC After School Program registration policies listed above.
- I understand that class work made by my child and photos taken of my child may be used by AACC in its future publications.
- I authorize my child to view G-rated cartoons video or movies.
- I authorize my child to be transported in AACC arranged transportation.
- I authorize my child to take part in water activities.
- I acknowledge that AACC does not offer any medical insurance to protect against any form of risk leading to injuries, and has no responsibility for any medical expenses so incurred. I agree to assume such risks and such financial responsibility.
- I declare my child is in good physical condition and has my permission to participate in all activities arranged by AACC.
- I give permission to AACC to arrange for emergency/medical personnel to carry out any types of check-ups/test/treatments as professionally required by these personnel, in case my child has an accident or becomes sick, and I cannot be reached.

_____ _____

Signature of Parent/Guardian Date

Magic Dragon School at Asian American Cultural Center

After School Care: Children Pick-up Procedures:

- Children are picked up from school or brought by the school bus to the center.
- Roll call is taken to identify the children who are enrolled in after-school care at the center.
- **Parents are asked to notify the center Director or her staff if a child will not be at the center on a specified day.**
- If a child is not available for pick up or is absent from the group to be picked up at school or from the bus, the teacher supervising the group at pick up time, calls the center to see if the parent of the child had called to say that the child should not be picked up on that day.
- **If the parent had not notified the child care center about the child's absence, then the center and/or the teacher will contact the designated parent of the child to let them know that the child was not available for pick up.**
- The bus or the center will not be satisfied, or leave the school, until the location and the safety of the child has been determined.

Parent's Acknowledgement

This is to acknowledge that _____
(Name of Facility Staff)

has provided me with the Program Operation Policies of The Magic Dragon School and has provided me with the orientation of the school program and its principles.

_____ _____
(Signature-Parent/guardian) Date