



YO-YO CHINESE SCHOOLHOUSE **Registration Form**
幼幼中文學校

8028 196th Ave NE Remond, WA 98053
yoyoschoolhouse.com | 425-273-3806

Today's Date: _____ Desired Start Date: _____

Child's Name: _____
(First) (Last) (Chinese - if applicable)

Age: _____ Date of Birth: _____ Gender: _____
mm/dd/yy

Parent/Guardian 1: _____
(First) (Last) (Chinese - if applicable)

Address _____
(Street) (City) (State, Zip)

Phone: _____ Email: _____
(Primary) (Alternate)

Parent/Guardian 2: _____
(First) (Last) (Chinese - if applicable)

Address _____
(Street) (City) (State, Zip)

Phone: _____ Email: _____
(Primary) (Alternate)

Staff Use Only:

Dropoff Time: _____ Pickup Time: _____ Days: M T W Th F

Registration Fee: _____ Deposit: _____ Monthly Payment: _____

CIS Check: _____ Parental Responsibilities/Acknowledgement: _____

Notes: _____

Health Screening

Primary Doctor: _____

Phone Number: _____

Address _____
(Street)

_____ (City)

_____ (State, Zip)

Date of Child's Last Physical Examination: _____

Immunizations up to date: _____
(Yes / No) ask staff if unclear

1. Does your child presently have any health problems? _____
(Yes / No)

If yes, please explain: _____

2. Does your child have any chronic health conditions? _____
(Yes / No)

If yes, please explain: _____

3. Does your child have sleep disturbances-nightmares, sleep-walking, or difficulty going to sleep? _____
(Yes / No)

If yes, please explain: _____

4. Does your child have any special talent or hobbies he/she enjoys? _____
(Yes / No)

If yes, please explain: _____

5. Have you left your child in daycare or with a babysitter before? _____
(Yes / No)

If yes, please explain: _____

6. Is your child toilet trained? _____
(Yes / No)

7. Is your child taking any medications? _____
(Yes / No) name of medication(s), dosage, time(s) of intake

8. Is your child allergic to any food or drink? _____
(Yes / No)

If yes, please list all food/drink allergies: _____

9. Can your child have soy bean milk? _____
(Yes / No)

10. Does your child wear diapers? _____
(Yes / No)

11. Does your child have any allergies? _____
(Yes / No)

If yes, please list all allergies: _____

Anything else you would like to share with us about your child: _____

Consent to Medical Care and Treatment of Minor Children

I hereby give permission that my child, _____, may be given emergency treatment by a qualified child care provider at Yo-Yo Schoolhouse, procedures to be performed for my child by a licensed physician, health care provider, hospital or aid care attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed Consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I, _____, under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian (Signature)

Parent/Guardian (Please Print)

(Date)

Emergency Contact and Pickup

For safety and security, please have the designated person(s) **bring a picture ID** when he or she comes to pick up your child. **Without the ID, we will not release your child.**

Emergency contact 1: _____

(First and Last Name)

Phone: _____

Relation to the child: _____

Emergency contact 2: _____

(First and Last Name)

Phone: _____

Relation to the child: _____

Permissions

I give my permission for my child to be photographed or videotaped in scheduled Yo-Yo Chinese Schoolhouse activities. Such photographs and videotape may be used by Yo-Yo Chinese Schoolhouse for publicity or educational purposes.

I give my permission to clean my toilet-trained child when they have an accident.

Registration and Tuition Policies

- Fees are pro-rated; not reduced during months/ weeks that have holidays.
- When more than one child from the same family is enrolled, a 5% reduction is given to the equal or lesser tuition.
- There will be a \$30 charge for each returned check.
- A non-refundable registration fee of \$75 is required when your child is accepted into a preschool program. Parents with more than one child will pay \$120.
- Monthly invoice will be given on the 25th of the month for the following month. Tuition is due on the first day of each month, regardless of absence due to illness, vacations, or any other circumstances. Late fees are incurred at \$10 per week past due date.
- There are no refunds, credits, extensions, or transfers of any tuition after completion of the first week of the class.
- There is a ten-minute grace period after class for pickups. Pick up your child by 12:40pm to avoid late pick up fees.

I have reviewed and agree to Yo-Yo Chinese Schoolhouse Registration and Tuition Policies as detailed above. I further agree to be responsible for all financial obligations associated with my child's enrollment at Yo-Yo Chinese Schoolhouse.

Parent/Guardian (Signature)

Parent/Guardian (Please Print)

(Date)

Release and Indemnity Agreement

I undersigned Parent/Student, agree to RELEASE, HOLD HARMLESS AND INDEMNIFY Yo-Yo Chinese Schoolhouse and its owners, instructors, staff/faculty, or any other persons associated with the Yo-Yo Chinese Schoolhouse from any and all liability, claims and causes of action arising out of or in any way connected with my participation, or the participation of any minor that I am signing on the behalf of, in any activities offered by Yo-Yo Chinese Schoolhouse (including participating in or watching: lessons, camps, birthday parties, or other activities provided by the Yo-Yo Chinese Schoolhouse). I personally assume all direct and indirect risks in connection with these activities. If I am signing on the behalf of a minor, I further agree to HOLD HARMLESS AND INDEMNIFY Yo-Yo Chinese Schoolhouse and its owners, instructors, staff/faculty, or any other persons associated with the Yo-Yo Chinese Schoolhouse from any and all liability, claims and causes of action which the minor may have arising from the minor's participation in activities. The terms of this agreement shall serve as a release and indemnity agreement for my heirs, personal representative, and for all members of my family, including any minor. (Parents or legal guardians must sign for all persons under eighteen (18) years of age.) I have read this release and indemnity agreement and have fully informed myself of its contents before I have signed it.

Parent/Guardian (Signature)

Parent/Guardian (Please Print)

(Date)