



# AllStar Institute Registration Form

43687 Mission Boulevard, Fremont, CA 94539

TEL: (510) 565-2518; (510) 252-1186

## Student's Information

English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: F / M

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

School End Time: \_\_\_\_\_ Minimum Day & Time: \_\_\_\_\_ Chinese Book Level: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Days Attending Per Week:** \_\_\_\_\_ 5 day; \_\_\_\_\_ 4 day; \_\_\_\_\_ 3 day; \_\_\_\_\_ 2 day; \_\_\_\_\_ 1 day

(If part time, please clearly write the attending day(s) using M – Monday; T – Tuesday; W – Wednesday; Th – Thursday; F – Friday)

## Parents' Information

English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ Relationship: Father / Mother

Home Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ Relationship: Father / Mother

Home Address (if different): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact/Medical Information

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance/Hospital Name: \_\_\_\_\_ Medical ID: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Concerns (allergies, medicine, health problem etc.): \_\_\_\_\_

## Liability Release Form

I, the undersigned parent, give permission for the individual named herein to participate in the Program provided by AllStar Institute, LLC ("AllStar"). I also agree to indemnify and hold harmless to AllStar, including its shareholders, officers, directors, teachers, employees, independent contractors from and against any liability or illness in case of accidents or injuries, that may arise on account of or in any way be connected with his/her utilization of the transportation service to AllStar, participation in AllStar's program, or consumption of the food or snack provided by AllStar. I further give the AllStar staff permission to authorize any medical diagnosis of treatment and hospital care in case of accident/illness in the duration of the program if all the persons listed above cannot be reached in an emergency. I have listed above Medical Concerns information that my child has so that the AllStar staff can be aware of this and can act accordingly when the problem arises.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Expectation from School (父母对学校的期待):

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**Note:** The registration fee of \$50.00 is applied for new student and not refundable.

**Equal Opportunity Service Provider Notice:** The AllStar Institute, as an equal opportunity service provider, does not discriminate against individuals based on race, color, sex, religion, disability, age, sexual orientation, national or ethnic origin, or any other aspects prohibited by federal, state, or city laws. We reserve the right to discontinue or refuse service to any student whose tuition is not turned in by the 3rd day of each month. We also reserve the right to discontinue or refuse service to any student who presents to be a danger to himself or others.