

# Tulsa Chinese School

## Registration Form

Semester \_\_\_\_\_ of 20\_\_\_\_\_ Class  
(School Use Only)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

中文姓名 \_\_\_\_\_ Language(s) in the Family \_\_\_\_\_

Mother Name (English) \_\_\_\_\_ (中文) \_\_\_\_\_

Father Name (English) \_\_\_\_\_ (中文) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Information

Friend or Neighbor (1) \_\_\_\_\_ Phone \_\_\_\_\_

Friend or Neighbor (2) \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any special needs? Please explain: \_\_\_\_\_

### List any allergies your child may have:

We will do our best to take care of your child while he/she is in school. However, in the unforeseen event of severe accident or serious illness, we need to contact your child's physician or someone the child may be taken to at parent's expense.

**NO PHYSICIAN WILL BE CALLED UNLESS UNABLE TO CONTACT PARENTS.**

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you give permission for us to arrange transportation for your child to appropriate medical

facilities? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of severe accident or serious illness, do you consent for physician or medical group named above to treat your child in your absence? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**TULSA CHINESE SCHOOL**  
**LIABILITY WAIVER FORM**  
SEMESTER \_\_\_\_\_ 20 \_\_\_\_

We do our best to take care of your children at school, but we expressly assume no liability for any injuries or accidents that may occur to your children during school hours. Please read the following liability waiver and sign it. This is a necessary step toward your registration process.

**LIABILITY WAIVER**

I understand that neither the Tulsa Chinese School, the Chinese American Association of Tulsa, the Tulsa Chinese Church nor the Board Members, Administrators, Teachers, and voluntary workers of the said organizations will be held responsible for any injuries or accidents which may occur on the premises during school hours.

Students Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**EMERGENCY CONTACT**  
(Other than parents)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_