



(Office use only)
App. Recd' date: _____
App. Recd' by: _____
Interview date: _____
Accept <input type="checkbox"/> Decline <input type="checkbox"/>

Argonne Elementary School Chinese After School Program (CASP) Application/Emergency Contact Form

Please fill one for each child

Date 日期 _____ Daytime Grade Level 就讀班級: _____ RM #: _____

Name of Student 學生姓名(English) 英文 _____ (Chinese)中文 _____

Date of Birth 出生日期 _____ Sex 性別 (M 男 / F 女)

Name of Parent 家長姓名 _____ Occupation 職業 _____

Home Phone#住宅電話 _____ Work# _____ Cell手提電話 _____

Home Address 住址 _____

Name of Parent 家長姓名 _____ Occupation 職業 _____

Home Phone#住宅電話 _____ Work# _____ Cell手提電話 _____

Home Address 住址 _____

E-mail Parent1 電郵 _____ E-mail Parent 2 電郵 _____

I have a child/children currently enrolled in the program 本人現有子女就讀此中文班 (Y 是/N 否)

If "Y", please indicate Child/Children's name(s) 若 "是"請寫出就讀兄/姊姓名 _____

Language Choice: (Mandarin/Cantonese) 1st Choice _____ 2nd Choice _____

CASP HAS A NO NUTS POLICY: Food Allergy? (Y/N) Medication? (Y/N) If yes to either Food/Medication(s) allergy, please explain:

Please list any additional health condition(s) your child has, such as asthma, non-food allergies & etc. of which we should be aware.

(Other Health Information)

Name of Insurance: _____ Insurance Policy #: _____

Insurance Carrier Contact Number: _____

Physician Name: _____ Physician Telephone Number _____

(Emergency / Authorized Pick-Up Contact)

	<u>Name</u>	<u>Relationship</u>	<u>Phone # (Cell/Work)</u>
Emergency Contact (1)	_____	_____	_____
Emergency Contact (2)	_____	_____	_____

Procedures: Applications are accepted on a first come first serve basis. Program officer will contact applicants for interview via phone. The interview process will allow applicants an opportunity to ask questions and decide on enrollment. Siblings are not guaranteed a space in the program.

By signing below, I understand that if my child requires one on one attention to the detriment of other participants that he/she may be asked to leave the program and that CASP may use photos and videos of students and student projects in promotional materials, such as brochures, newsletters, advertisements and event programs, as well as in social media outlets, such as the Argonne school and yearbook website, and other social media outlets and websites.

General Release of Liability - In consideration for being allowed privileges in any program provided by the Argonne Chinese After School Program, the undersigned agrees to hold harmless the Argonne Chinese After School Program, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from any injury or death, accident or otherwise, during or arising in any way from said activity.

I ACKNOWLEDGE THAT THIS GENERAL RELEASE OF LIABILITY OF THE ARGONNE CHINESE AFTER SCHOOL PROGRAM IS BINDING ON ME PERSONALLY AND ON MY HEIRS, PERSONAL REPRESENTATIVES, SUCCESSORS, AND ASSIGNS. I UNDERSTAND AND AGREE TO THE POLICIES STATED ABOVE AND I HAVE CAREFULLY READ THE WELCOME PACKET/HANDBOOK WHICH CONTAINS THE RULES AND REGULATIONS AND AGREE TO THE TERMS STATED. I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE CHILD WHOSE NAME IS LISTED ON THIS FORM.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Summit this form to the school office or via email.
 For more information, please contact program officers at Argonne_es_casp@yahoo.com
 請遞交報名表格到學校校務處或電郵。 如有疑問、可聯絡 Argonne_es_casp@yahoo.com