

ONE STOP LEARNING CENTER

20920 McClellan Rd. Cupertino, CA 95014

Tel: (408) 981-1817

www.onestoplearningcenter.org

For Office Use ONLY

Family ID _____

Student ID (1) _____

Student ID (2) _____

2018-2019 Registration Form

Child 1 _____ Birthday ____/____/____ Sex M ____ F ____

Day Time School _____ City _____ Grade (Fall 2018) _____

List ALL medical limitations and special conditions such as allergies to food, medicine, etc.

Child 2 _____ Birthday ____/____/____ Sex M ____ F ____

List ALL medical limitations and special conditions such as allergies to food, medicine, etc.

Day Time School _____ City _____ Grade (Fall 2018) _____

Mother's Name _____ Mother's Cell Phone _____

Mother's Employer _____ Mother's Work Phone _____

Mothers Home Address _____

Mother's Home Phone _____ Mother's Email Address _____

Father's Name _____ Father's Cell Phone _____

Father's Employer _____ Father's Work Phone _____

Father's Home Address _____

Father's Home Phone _____ Father's Email Address _____

Emergency Contacts (other than Parents)

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Doctor's Name _____ Institution _____ Doctor's Phone _____

Insurance Provider _____ Policy Number _____ Subscriber's Name _____

AUTHORIZED Pick-Up (other than Parents)

List ALL individuals AUTHORIZED to pick-up your child. Identification may be requested from listed individuals. To authorize an EXCEPTION pick-up by an individual who is not listed here, parents are required to send information about the individual via email. Identification will be requested from the individual who comes to pick-up the child.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Liability Release

I, the undersigned, in consideration of participation in programs offered by ONE STOP LEARNING CENTER After School (the "School") agree to indemnify and release the School, its officers, staff and employees, from any and all liabilities from any injuries which may be suffered by the above named child, arising out of, or in any way connected with participation in the classes or activities offered by the School. I acknowledge that I have read the above agreement and release, and fully understand that I have assumed all the risks of injury that may occur in the activities offered by the School. In case of an accident, illness or a medical emergency during a session of any classes or activities offered by the school.

I hereby further authorize the School as the agent for the above named child to call 911, and consent to any medical diagnosis or treatment and hospital care rendered by and under the general supervision and advice of a licensed physician or surgeon.

Mother's Signature _____ Father's Signature _____ Date _____