



## Vietnamese Language and Culture Program 9:30-12:00 p.m. at Tenderloin Recreation Center **REGISTRATION FORM**

Parents/guardians are responsible for providing updated information. **Information marked with \* is required.**  
Please mail the completed form to Au Co Vietnamese Cultural Center, P.O. Box 347042, or fax to 415-440-9297, or drop it off at the Tenderloin Recreation Center. We will notify you of child enrollment status.

### Student Information

\* Student: \_\_\_\_\_  
*Last* *Middle* *First* *(Vietnamese name, if any)*

\* Date of Birth (MM/DD/YY): \_\_\_\_\_ \* Male \*  \* Female \*

\* Home Address:

\_\_\_\_\_  
*Street Number* *Street* *Apt. #* *TP/City* *ZIP*

\* Phone Number: \_\_\_\_\_ \* E-mail: \_\_\_\_\_

**Please check the dates for which the student will commit to attending:**

Saturday 7/09	Saturday 7/16	Saturday 7/23	Saturday 7/30	Saturday 8/6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Parents/Guardian Information (If applicable)

\* Mother: \_\_\_\_\_  
*Last* *Middle* *First* *Occupation*

\* Phone Number: \_\_\_\_\_  
*Day* *Evening* *Cell*

\* E-mail: \_\_\_\_\_ Contact language: Vietnamese  English

\* Father: \_\_\_\_\_  
*Last* *Middle* *First* *Occupation*

\* Phone Number: \_\_\_\_\_  
*Day* *Evening* *Cell*

\* E-mail: \_\_\_\_\_ Contact language: Vietnamese  English

\* Emergency Contact: \_\_\_\_\_  
*Name* *Phone Number*

### Medical Information

\* Please describe any physical, medical or emotional conditions, including allergies to food or medications that should be considered for your child in an emergency situation. If there is none, write NONE.

\_\_\_\_\_  
\_\_\_\_\_

*In the event of serious illness or an accident, I wish myself/my child to be taken to the Emergency Room, and the following physician should be notified:*

Dr. \_\_\_\_\_  
Name Phone Number

Health insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

Siblings in Program:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In the event that I cannot be reached by the Center, please notify one of the following people. They are authorized to act in my absence and/or may also pick up my child from class.*

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Parent's Signature \_\_\_\_\_

### General Regulations

- Au Co Center (the Center) and San Francisco Recreation and Park (Rec and Park) are not responsible for providing supervision or care to students before and after class hours. Parents are responsible for dropping off and picking up students on time. If parents are late to pick up their child(ren), the Center may notify the local police authorities.
- The Center and Rec and Park have the right to use photos of students engaged in student activities taking place through this Program.
- Parents/students must notify the Center if their child(ren)/the student will be absent from class.
- Parents/students agree to indemnify and hold harmless the Center and Rec and Park from and against any and all liabilities, costs (including reasonable attorney fees), claims for personal injuries to their child(ren)/the student or damages that may occur outside of the control of the Center, Rec and Park, and their staff.
- Parents/students may discuss any issue(s) or offer suggestions related to the Program with the staff.
- There is no food or drink allowed in the classroom. Games, dangerous toys, and weapons are prohibited on the grounds.
- The Center and Rec and Park are not responsible for the loss of any student's belongings, including jewelry. Parents shall also be accountable for the compensation of any and all damages caused by their child(ren)/the student while participating in the Program.

\* Parent's Signature \_\_\_\_\_

\* Date \_\_\_\_\_

For Office Use Only.

Students	Received by	Saturday 7/9	Saturday 7/16	Saturday 7/23	Saturday 7/30	Saturday 8/6	Student ID
Age:                      Session 1							