



# RedApple Learning Campus

## Student Registration Form for Teacher Workday

### STUDENT PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_ Chinese Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

### ACADEMIC INFORMATION

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Primary Language \_\_\_\_\_ Secondary Language \_\_\_\_\_

Mandarin Proficiency \_\_\_\_\_

### CONTACT INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Insurance Provider \_\_\_\_\_ Insurance ID \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

### OTHERS

Special Care \_\_\_\_\_

Additional Notes \_\_\_\_\_

**Please read Payment and Emergency Policies.**

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## Payment and Emergency Policies for Teacher Workday

**Payment:** Tuition is due by the day of class. Parent may pay in cash or check. Checks should be made payable to **RedApple Learning Campus** or **RALC**, and clearly marked with the student's full name.

**Absences and Late Charges:** a) There is no refund for missed classes (unless class cancellation is announced). b) Please pick up your child on time. We will charge \$5 for every 10 minutes after parent pick-up time (6:00 pm).

**Injury & Emergency:** In the event of an injury, we will notify the parent immediately. If emergency treatment is necessary, we will notify the parent, call 911 and/or take the child to the nearest hospital. Any expenses acquired for the above actions will be the responsibility of the parent, not of the RedApple Learning Campus or its staff.

**Parent Agreement:** I hereby allow my child to participate in the RedApple Learning Campus. I authorize the RedApple and its staff members to take full charge of my child in case of any emergency that may possibly occur. I will not hold the RedApple Learning Campus or any staff member liable in case of accidents or injuries. I agree with the RedApple Learning Campus tuition and emergency policies.

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