



REGISTRATION FORM

*Must fill out one application per child

Registration No. _____

Student Name	Korean:		English:	
DOB(mm/dd/yy)		() Grade in Sept. 2024	Gender : M F	
Address				
Parent/Guardian #1 Information	Name:	Parent/Guardian #2 Information	Name:	
	Phone #:		Phone #:	
	E-mail:		E-mail:	
Emergency Contact	Name:	Contact #:	Relationship:	
Authorized Pick up	Please list the name of people who have permission to pick up your child: Name:_____ Phone #_____ Relationship to Student:_____			
Parent's Health Statement for School-Age Child *check and explain your situation as needed *Submit the Health record & Immunization record	<input type="checkbox"/> My child is in good health, is able to participate in group care, and has no special health or medical requirements. <input type="checkbox"/> My child is able to participate in group care but has special health or medical requirements as listed below. <input type="checkbox"/> Please inform any special medical situation of your child. <input type="checkbox"/> Allergies: <input checked="" type="checkbox"/> Epi-pen use (Y or N)			
Name of Child's Physician/Medical Care Provider:			Phone #:	
Name of Insurance Company:			Policy Number:	
Siblings attending this Summer School	1	Name:	Grade:	DOB:
	2	Name:	Grade:	DOB:
Church Attending	1) <input type="checkbox"/> Church : _____ 2) <input type="checkbox"/> Not attending any church, Religion: _____			

Registration *Please prepare two separate checks for registration fee and total tuition check #1 : \$50 check #2 : ex) Tution+Lunch+Field Trip+Early Care	T-Shirt Size Check One : <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL <input type="checkbox"/> Other: _____			
	<input type="checkbox"/> Registration Fee (등록비) \$50			
	Tuition	Early 2/17(Sat)	Regular 2/18(Sun)~3/31(Sun)	Late 4/1(Mon)~
	K - 6th	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,300
	7th, 8th	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,400
	Additional	<input type="checkbox"/> Sibling Discount (Tuition -\$100) <input type="checkbox"/> Lunch \$250 <input type="checkbox"/> Field Trip \$300 <input type="checkbox"/> Early Care (8:30am-9:00am) \$120 <input type="checkbox"/> After Care (3:00-6:00pm) \$500		
Please make check payable to : HANMOORY CHURCH 1) The date of the deposit will be on 4/17 ✗ Cancellation Policy : 50% Refund by 5/17 and <u>No Refund after 5/17</u> 2) Registration Fee \$50 is non-refundable				

I, the undersigned parent/guardian of _____, a minor, do hereby authorize adult teachers, staffs, and directors of Hanmoory Summer School as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Hanmoory Church, any of its teachers, volunteers, staffs, and directors in the event of any accident on route, during and returning from the above-mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Guardian signature: _____ **Date:** _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the student registered above. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

Parent/Guardian signature: _____ **Date:** _____

FOR OFFICE USE:

<input type="checkbox"/> REGISTRATION FORM Date Received	<input type="checkbox"/> Check #: <input type="checkbox"/> Cash	<input type="checkbox"/> HEALTH & IMMUNIZATION Date Received
/ / 2024	Total Amount: \$	/ / 2024