



2386 S. GARFIELD AVENUE
MONTEREY PARK, CA 91754
323.888.0866 info@harmonytree.org

NEW STUDENT REGISTRATION FORM: Harmony Tree Learning Center

Date:

Enrollment Date:

Type of Registration: ☐ After School Program ☐ Summer Camp ☐ Winter Camp

INCOMPLETE OR UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED

Student Information	STUDENT'S NAME		FIRST MI LAST		E-MAIL ADDRESS	
	ADDRESS		STREET NO. STREET APT. NO.			
			CITY STATE ZIP CODE			
	DATE OF BIRTH		MONTH/DAY/YEAR	GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male	GRADE LEVEL
Parent Info	SCHOOL ATTENDED		SCHOOL NAME CITY		HOME PHONE	
	FATHER'S NAME		FIRST MI LAST		WORK PHONE	
	MOTHER'S NAME		FIRST MI LAST		WORK PHONE	
Transportation	AUTHORIZED PIN OR PASSWORD				FATHER'S CELL # MOTHER'S CELL #	
	PICK UP	<input type="checkbox"/> Yes <input type="checkbox"/> No	PICK UP TIME		DAYS	<input type="checkbox"/> ALL <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI
	TAKE HOME	<input type="checkbox"/> Yes <input type="checkbox"/> No	DROP OFF TIME		DAYS	<input type="checkbox"/> ALL <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI
Emergency Information	SHORT DAYS		<input type="checkbox"/> NONE <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI		PICK UP TIME	
	EMERGENCY CONTACT		FIRST MI LAST		PHONE NUMBER	
	DOCTOR'S NAME		FIRST MI LAST		PHONE NUMBER	
	ADDRESS		STREET NO. STREET APT. NO.		CITY STATE ZIP CODE	
Medical Waiver/Release Form	ALLERGIES					
	MEDICATIONS					
Internet Usage	<p>I, the undersigned, request that _____ be permitted to participate in Harmony Tree Learning Center/Shace Inc. activities. He/She is in good physical condition, but in case of illness or accident, Harmony Tree Learning Center/Shace Inc. has my authority to secure necessary medical attention. I will not hold Harmony Tree Learning Center/Shace Inc. or its staff liable for medical aid rendered and will reimburse Harmony Tree Learning Center/Shace Inc. for medical and other expenses incurred in his/her case. I am waiving all claims against Harmony Tree Learning Center/Shace Inc. for illness, accident, injury or death.</p> <p>Part of Harmony Tree Learning Center's extracurricular activities include: Newsletter Creation and Computer Usage. Note that if you give your child permission to use the computers located in the learning center, they will have access to the internet.</p> <p>_____ initial I am giving my child permission to participate in these activities and have access to school computers and access to the internet with staff supervision.</p>					
Books & Materials	Parents are required to purchase course textbooks for Math, English and Chinese either through Harmony Tree Learning Center or at any educational supply store. Course materials are selected prior to the start of each subject session (students are required to have all course materials prior to attending classes). Prices of the materials vary depending on the selection of books by the course teacher. They will be sold through Harmony Tree Learning Center at face value and the center will not be making a profit from these materials.					
Policies & Contract	Students will not be admitted to the learning center until parents have read, fully comprehend and agree to all the terms listed within the Harmony Tree Learning Center's School Regulations & Policies/Parent's Contract. By signing this transportation form, you are acknowledging the fact you are aware the students are being transported from school and to homes by HTLC/Shace Inc. tutors in regular passenger vehicles and not school vans or buses driven by professional bus drivers. They are providing a personal service. They reserve the right to refuse transportation to any student for any reason. (Regular auto insurance only)					
PARENT SIGNATURE				DATE		REFERRED BY