



Learning Center

20920 McClellan Rd. Cupertino, CA 95014

Tel: (408) 833 8654

www.onestoplearningcenter.org

2022-2023 Registration Form

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

Day Time School _____ City _____ Grade (Fall 2022) _____

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 2022) _____

Mother's Name _____ Mother's Cell Phone _____

Mother's Employer _____ Mother's Work Phone _____

Mother's 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 any 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
_____	_____	_____
_____	_____	_____

Payment (Please make check payable to "Wise Alliance")

Liability Release

I, the undersigned, in consideration of participation in programs offer 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 agreements 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 _____