





## SIGN UP FOR FREE



WHEN: FIVE SATURDAYS JULY 9<sup>TH</sup> 2022 – AUGUST 6<sup>TH</sup> 2022

WHERE: TENDERLOIN RECREATION CENTER. 570 ELLIS ST, SF, 94109

WHEN & WHO AGES: 5 YRS – 17 YRS 9:30 A.M – 12:30 P.M FOR MORE INFORMATION, PLEASE CONTACT:

HANG LE TO 415-298-3705, contact@aucocenter.org

The Registration Form Can Be Found at <u>www.aucocenter.org</u> or Pick Up at **The Tenderloin Recreation Center**, 570 Ellis Street, San Francisco, CA 94109

SPACE IS LIMITED
\*\*\* REGISTRATION REQUIRED \*\*\*



## Vietnamese Language and Culture Program 9:30-12:30 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									
	Last	Mida	lle	First		(Vietnamese	name, if any)			
* Date of Birth	(MM/DD/YY):		* Male * 🗆 * Female * 🗆							
* Home Address	s:									
Street Number	Street	Apt. #		TP/City		ZIP				
* Phone Number:			* E-mail:							
Please check f	Please check the dates for which the student will commit to attending:									
Saturday 7/9	Saturday 7/16	Saturday 7/23	Saturday 7/30	Saturday 8/6						
		Parents/Guar	rdian Informati	ion (If applicab	le)					
* Mother:										
* Mother:		Middle	First	st Occup		pation				
* Phone Numbe	2r:	<u>ה</u> .	Evening			Cell				
				ge: Vietnames	se 🗆					
						-				
* Father:		Middle	First		Occupation					
* Phone Numbe	2r:	Day	Evening			Cell				
* E-mail:		-	-		Vietnamese 🗌					
	ontact:		Connuct tungung							
			Name	Phone Na	Phone Number					
		I	Medical Inform	ation						
	cribe any physical e considered for yo			0	0	v	medications			

In the event of serious illness or an accident, I wis the following physician should be notified: Dr	h myself/my child to be taken to the Emergency Room, and Phone Number
Health insurance:	Group #:
Siblings in Program:	
In the event that I cannot be reached by the Cerauthorized to act in my absence and/or may also pients Name Relationship	nter, please notify one of the following people. They are ick up my child from class. Phone

## **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.

Studen	its	Received by	Saturday 7/9	Saturday 7/16	Saturday 7/23	Saturday 7/30	Saturday 8/6	Student ID
Age:								