

**ASIAN AMERICAN SERVICE CENTER, INC/  
BROOKLYN COMMUNITY CHRISTIAN CHURCH**

1502 Gravesend Neck Road, Brooklyn, N.Y. 11229  
Tel: 718-934-2346 Fax: 718-934-2922

**REGISTRATION FORM**

No. \_\_\_\_\_

<b>Name :</b> <b>First</b> _____ <b>Last</b> _____	
<b>Date of Birth:</b> _____/_____/_____	<b>Sex :</b> M (    ) ; F (    )
<b>Name of School :</b> _____	<b>Grade :</b> _____
<b>Program:</b> After School Program (    ) ; Summer Day Camp (    )	
<b>Date:</b> <b>From</b> _____	<b>To</b> _____ <b>Total</b> _____ <b>Days</b>
<b>Parent / Guardian Information</b>	
<b>Name :</b> _____ <b>Relationship :</b> _____	
<b>Address :</b> _____ <b>Brooklyn N.Y.</b> _____	
<b>Phone : Home #</b> _____ <b>Work #</b> _____ <b>Cell #</b> _____	
<b>Language: Mandarin(    ), Cantonese(    ), English(    )</b>	
<b>E-Mail (optional) :</b> _____	
<b>Emergency Contact Person :</b>	
<b>Name :</b> _____ <b>Relationship :</b> _____ <b>Phone:</b> _____	
<b>Tuition :</b> (1) \$ _____    (2) \$ _____ <b>Total :</b> \$ _____	
Cash            Check            Cash            Check	
<b>Please make check payable to: B.C.C.C.</b>	
<b>Notes :</b>	

**PARENTAL CONSENT**

I hereby give permission and consent for my child named \_\_\_\_\_ to participate the After School / Summer Day Camp Program of Asian American Service Center, and agree not to hold the church, pastors, program officers, staffs, or volunteers responsible for any injuries incurred while participating the program in the church / school building or in the car during the transportation. For safety, the center also bought accident insurance for each child. I also give the authority to the staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_