



Pui Tak Center – Kidz Company
Afterschool Tutoring - Registration Form 2024-2025

Student Name: (First) _____ (Last) _____
Birthday: _____(M)_____ (D)_____ (Y) Age: _____ Sex: Female Male
First-time in Pui Tak Center program: Yes No
Current School: _____ Grade in 2024/2025: _____
Home Address: _____ City _____ Zip Code _____
Parent/Guardian Name: _____ Day Time Phone: _____ Email: _____
Emergency Contact : _____ Phone: _____ Relationship: _____
Your Child’s medical details that our staff should be aware of (including medication and allergies):

Please select your program:

Afterschool Tutoring (3:00 – 5:00)

Fall Term starts : 8/26 – 12/13 and

Spring Term starts: 1/6 – 6/12

Fee: \$2,200 (pay before 8/20: \$1,980)

Program Fee: \$ _____

General Information

- Return registration form and payment in person or by mail to: Pui Tak Center, 2216 S. Wentworth Ave, Chicago, IL. 60616.
- Make check payable to **Pui Tak Center** and write the student’s name and program selection on the check.
- All program fees are non-refundable.
- PTC reserves the right to cancel or re-arrange any program due to low enrollment. If the program is cancelled, the program fee will be refunded by check.
- For inquiries: contact Mrs. Karen Lee at (312) 328-1188 or email at karenlee@puitak.org
- Behavior Policy: Students are expected to maintain good behavior and respect teachers, staff and other students. If a student’s behavior is unacceptable, they will be removed from the program and no refund will be provided.

PERMISSION & EMERGENCY RELEASE

As parent/legal guardian of _____ (“Participant”), I give permission for my child to attend the Pui Tak Center’s Kidz Company programs.

I agree that my child will abide by the program’s rules and regulations. I understand that Pui Tak Center is a church-based community center and will teach my child Christian values and principles. I give permission for Pui Tak Center to take photos of my child for Pui Tak Center and program-related publicity.

I acknowledge that participation in the activity described above involves risk to the Participant, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the parent/guardian acknowledges and accepts the risks of injury associated with participation in the Activity. The parent/guardian accepts personal financial responsibility for any injury or other loss sustained during the Activity, as well as for any medical treatment rendered to the Participant that is authorized by **Pui Tak Center** or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the parent/guardian releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I understand that all reasonable safety precautions will be taken at all times by **Pui Tak Center** and its agents during events and activities. I authorize any medical treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **Pui Tak Center**, its board, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this release.

Parent/Guardian Name (Please Print)

Parent/Guardian's Signature

Date