YOUCAN CENTER
REGISTRATION FORM

2026-2027 School Year / 2026-2027 学年

PROGRAM / 报名项目	TUITION / PRICE / 价格
_____	$ _____
LOCATION / 校区	**DURATION / 时长**
_____	_____

Center 1: 1805 Stillwell Ave, Brooklyn NY 11223 | 718-865-7366 • Center 2: 236 Ave U, Brooklyn NY 11223 | 347-750-4728 • Center 3: 2286 Cropsey Ave, Brooklyn NY 11214 | 917-588-8453

1. STUDENT INFORMATION / 学生资料

Last Name / 姓: _____ **First Name / 名:** _____

Date of Birth / 出生日期: _____ **Age / 年龄:** _____ **Grade / 年级:** _____

School / 学校: _____ **Gender / 性别:** _____

Home Address / 家庭住址: _____

2. ENROLLMENT DETAILS / 报名及接送信息

Registration Date / 报名日期: _____ **Start Date / 开始日期:** _____

Home Drop-off / 接送服务: □ Yes 是 □ No 否 **School Dismissal Time / 放学时间:** _____

3. PARENT / GUARDIAN INFORMATION / 家长及监护人资料

Parent/Guardian 1 / 家长 1: _____ **Relationship / 关系:** _____

Cell / 手机: _____ **Email / 邮箱:** _____

Parent/Guardian 2 / 家长 2: _____ **Relationship / 关系:** _____

Cell / 手机: _____ **Email / 邮箱:** _____

4. EMERGENCY CONTACT / 紧急联系人

Name / 姓名: _____ **Relationship / 关系:** _____

Phone / 联系电话: _____

PROGRAM NOTE / 课程说明 After School tuition and optional service fees are provided on the current tuition sheet. The program follows the public school calendar, Monday-Friday, including half days. 课后班学费、可选服务费用及优惠以当期收费表为准。课程按照公立学校校历安排，周一至周五开放，并包含半天上课日。

YOUCAN CENTER

HEALTH, CONSENT & ENROLLMENT TERMS / 健康资料、授权及报名条款

5. HEALTH & MEDICAL INFORMATION / 健康及医疗资料

Allergies / 过敏: _____ **Medical Conditions / 医疗状况:** _____

Dietary Restrictions / 饮食限制: _____ **Medications / 常用药物:** _____

Health Insurance / 医疗保险: _____ **Member/Policy ID / 保险号码:** _____

Physician / Doctor / 医生: _____ **Doctor Phone / 医生电话:** _____

Additional Health Notes / 其他健康说明: _____

6. CONSENT & PERMISSIONS / 授权选择

Emergency Medical Treatment / 紧急医疗授权 □ **YES 是** □ **NO 否**

I authorize YouCan Center staff to obtain necessary emergency medical treatment for my child if I cannot be reached. / 如紧急情况下无法及时联系到我，我授权中心为孩子寻求必要的紧急医疗处理。

Program Participation / 课程活动授权 □ **YES 是** □ **NO 否**

I give permission for my child to participate in age-appropriate activities within the program. / 我同意孩子参加课程内适合其年龄的活动。

Photo & Video for Promotion / 宣传照片及视频授权 □ **YES 是** □ **NO 否**

I give permission for YouCan Center to photograph or record my child for promotional use. / 我同意中心为宣传用途拍摄或使用孩子的照片及视频。

7. TERMS AND CONDITIONS OF ENROLLMENT / 报名条款

1.The After School Program follows public school schedules and calendars. We are open when public schools are open, including half days, and closed for public school holidays and breaks.
课后班按照公立学校校历及时间安排。公立学校正常上课（包括半天上课日）时中心开放；学校节假日及假期期间中心关闭。

2.Personal devices may be used only for educational purposes during program hours. Students may not photograph, record, or post information about others without permission.
上课期间个人电子设备仅限学习用途。未经许可，学生不得拍摄、录音录像或发布他人的相关信息。

3.YouCan Center is not responsible for loss of or damage to personal property brought to the program.
优肯中心不对学生带入中心的个人物品遗失或损坏承担责任。

4.Tuition is due on or before the first day of the applicable billing period. Monthly tuition and deposits are non-refundable. Current tuition and fee information is provided separately.
学费应在相应缴费周期第一天或之前缴清。月费及押金不予退还。最新学费及收费标准另行提供。

5.Prepaid semester or school-year tuition is non-refundable. Eligible unused amounts may be transferred to YouCan Center credit according to the current written policy.
学期或学年预付学费不予现金退款。符合条件的未使用金额可根据当期书面政策转为优肯中心账户余额。

6.Late pickup after 6:00 p.m. may result in an additional fee according to the current late-pickup policy.
下午 6:00 以后接孩子可能根据当期晚接政策产生额外费用。

7.If a participant behaves inappropriately or creates a health or safety risk, the parent/guardian will be contacted. Enrollment may be suspended or terminated depending on the circumstances.
如学生行为不当或对健康、安全造成风险，中心将联系家长/监护人，并可视情况暂停或终止报名。

8.Required medical forms and health insurance information must be submitted before admission. Healthy snacks are provided during program hours.
孩子入班前须提交所需医疗表格及医疗保险信息。中心在课后班时间提供健康点心。

ACKNOWLEDGEMENT / 家长确认

I have read and understand the terms above and agree to follow YouCan Center policies. I confirm that the information on this form is accurate.
本人已阅读并理解以上条款，同意遵守优肯中心相关规定，并确认本报名表所填写信息真实、准确。

Parent/Guardian Print Name / 家长姓名: _____ **Date / 日期:** _____

Parent/Guardian Signature / 家长签名: _____ **Staff Received By / 经办人:** _____