

STUDENT ENROLLMENT FORM

Name: (Chinese) _____ (English) _____

Address: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Alternate Telephone Number (for emergency use only): _____

Gender: Male Female Age: _____ Birth Date: _____

Languages Spoken at Home: English Mandarin Cantonese Taiwanese Other: _____

Child's School Name: _____ Grade Level: _____

Special Programs your child attends at school: _____ Grade Point Average: _____

Father (Chinese): _____ (English) _____ Telephone: _____

Mother (Chinese): _____ (English) _____ Telephone: _____

Child's Insurance Company Name: _____ Primary Insurance Holder's Name: _____

Specific Health Condition we should be Aware of: _____

Family Doctor's Name: _____ Telephone Number: _____

Shall any accidents and emergencies occur, I give the after-school center full authority to taking care of my child if my child's family doctor or I cannot be reached with the numbers given above:

(parent's signature)

(print parent's name)

(Date Signed)

Additional Comment:
