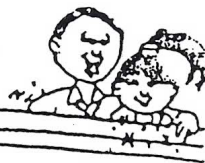


EAST BAY ACADEMY, INC.

東灣兒童學院

Registration Form



Child's Name _____ Birthdate _____
兒童姓名 _____ 出生日期 _____

Address _____ Age _____
地址 _____ 年齡 _____

Mother's Name _____ Father's Name _____
母親姓名 _____ 父親姓名 _____

Address _____ Address _____
母親地址 _____ 父親地址 _____

Telephone _____ Telephone _____
母親電話 _____ 父親電話 _____

Place of work _____ Place of work _____
辦事處 _____ 辦事處 _____

Emergency Contact _____
緊急聯絡 _____

Relationship to Child _____
關係 _____

Child's Doctor _____ Telephone _____
醫生姓名 _____ 醫生電話 _____

Care needed: Full time _____ Part time _____ Before/After School _____
全日托 _____ 半日托 _____ 上學前后托 _____

Specific days and hours: _____
參加時間表 _____

Siblings (names/ages) _____
兄弟姐妹 _____

A non-refundable registration fee of \$50.00 is due with this form.

註冊費祇作留位用，逾期作放棄論，恕不退還。

Parent signature _____
家長或監護人簽名 _____

Date: _____
日期 _____

OFFICE USE ONLY

本中心用

Medical form provided? Yes _____ No _____ Full Fee paying _____

Registration fee received? Yes _____ No _____ Initial Parent Interview Yes _____ No _____

Start date _____ Withdraw date _____