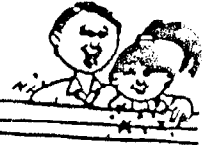


STARLITE CHILD DEVELOPMENT CENTER

星光兒童培育中心



Registration Form

Child's Name _____ 兒童姓名	Birthdate _____ 出生日期	
Address _____ 地址	Age _____ 年齡	
Mother's Name _____ 母親姓名	Father's Name _____ 父親姓名	
Address _____ 母親地址	Address _____ 父親地址	
Telephone _____ 母親電話	Telephone _____ 父親電話	
Place of work _____ 辦事處	Place of work _____ 辦事處	
Emergency Contact _____ 緊急聯絡		
Relationship to Child _____ 關係		
Child's Doctor _____ 醫生姓名	Telephone _____ 醫生電話	
Care needed: Full time _____ 全日托	Part time _____ 半日托	Before/After School _____ 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 is due with this form. Amount: \$50

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 _____