

STARLITE SCHOOL



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

Kindergarten Program: _____ Summer School Program: _____

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: \$75 - Kindergarten
註冊費祇作留位用，逾期作放棄論，恕不退還。 \$50 - Summer

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 _____