

Registration Form

SECTION 1 : CHILD'S PARTICULARS

Full name of child : _____

Chinese name (if any) : _____ Nationality : _____

Birth cert / passport no. : _____ Gender : (Female / Male)
(compulsory for insurance purpose)

Date of birth : _____ Age : _____

Current school : _____ since _____

Please tick :

I would like to enroll my child _____ (name)
into _____ (name of programme) on
_____ (days & times).

I would like to discuss different days/times slots for my child for _____
_____ (name of programme).

If a space is not available, I agree to be put on the waiting list. Please contact me at
(HP & email address) _____.

Describe current proficiency with Mandarin and previous experience with Mandarin

instruction (if any) : _____

Any special needs or food allergies : _____

SECTION 2: FAMILY'S PARTICULARS

1. _____ Occupation : _____

2. _____ Occupation : _____

Home Address : _____

_____ Postal code : _____

Home Tel. No. : _____

Handphone 1 : _____ Handphone 2 : _____

Email address 1 : _____

Email address 2 : _____

SIBLINGS

1. Name _____ DOB _____

2. Name _____ DOB _____

3. Name _____ DOB _____

Who else are likely to accompany your child to/from lessons : _____

Completed by : (Name) _____

Signed : _____ Date : _____

FOR OFFICE USE :
