

# REGISTRATION FORM



## CHILD INFORMATION

Please fill-out this form completely, and print clearly

Child's family (last) name	Child's first name	Child's name as commonly addressed <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Child's date of birth _____ / _____ / _____ <i>Day Month Year</i>	Child's age as of the date of this application _____ Years, _____ Months	Which of the following religious holidays do you observe? (For our school planning purposes) <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Moslem <input type="checkbox"/> Other _____

## FAMILY INFORMATION

All phone numbers are important in case we need to contact you about your child

Family home address			
City	State	Post code	Family home telephone number _____
Mother's name (or Guardian)		Mother's I/C #	Mother's hand phone number _____
Mother's occupation		Mother's work telephone number _____	
Mother's email address (one that is regularly checked)			
Father's name (or Guardian)		Father's I/C #	Father's hand phone number _____
Father's occupation		Father's work telephone number _____	
Father's email address (one that is regularly checked)			
Emergency contact name (alternate) if either parent cannot be reached		Emergency contact telephone number _____	
Sibling's name <input type="checkbox"/> Boy <input type="checkbox"/> Girl Family (last) name First name		Sibling's name <input type="checkbox"/> Boy <input type="checkbox"/> Girl Family (last) name First name	

## NON-PARENTAL ALTERNATE PICKUP PARTY FOR CHILD RELEASE

In the event that I, my spouse, or the named emergency contact on the front of this registration form are for any reason unable to pick up my child / children after class sessions, I do hereby give preauthorization for

\_\_\_\_\_  
Name Relationship to the child I/C or Passport #

\_\_\_\_\_  
Name Relationship to the child I/C or Passport #

to pick up my child / children, and do hereby consent to the release of my child / children to the above named party / parties after class sessions.

## ACKNOWLEDGEMENT

I certify that the information I have provided is true and accurate to the best of my knowledge.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Date