

Child's Name(English):		Child's Name(Chinese):			Teacher:			
Health Card #:	Birthday(MM/DD/YY):			Allergies:				
Parent 1's Name:	Parent 1's Mobile #:		Parer	arent 2's Name:			Parent 2's Mobile #:	
Emergency Contact Person:				Emergency Phone #:				
E-mail Address:				Home Phone #:				
Home Address:								