



Photo

### Registration Form 报名表格

Please select a preferable Package 请选择一个配套

Package 1 Package 2 Package 3 Package 4 Package 5 Package 6



Year 2015

#### Particulars of Student 学生资料

Full Name in English: \_\_\_\_\_  
英文姓名 (Family name, Given name)

Date of registration: \_\_\_\_\_  
报名日期

Full Name in Chinese: \_\_\_\_\_  
中文姓名 (姓, 名)

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
出生日期 (dd/mm/yyyy) 性别 Male / Female

Nationality: \_\_\_\_\_  
国籍

Identity Card No.: \_\_\_\_\_  
身份证号码

Home Address: \_\_\_\_\_  
住宿地址

City / State: \_\_\_\_\_ / \_\_\_\_\_  
城市 / 州

Postcode: \_\_\_\_\_  
邮政编码

Current School: \_\_\_\_\_  
现在就读学校

Registration Level: \_\_\_\_\_  
报名年级

#### Particulars of Parent / Guardian 家长资料

Parent/Guardian Name: \_\_\_\_\_  
家长/监护人姓名

Mobile Phone: \_\_\_\_\_  
手机号码

Employer: \_\_\_\_\_  
雇主

Work Phone: \_\_\_\_\_  
公司电话号码

Active email address 常用电邮: \_\_\_\_\_

Address if different as child: \_\_\_\_\_  
如果孩子住宿地址有别



We love Children and your Children will Love Us!

## Emergency Contact Information 紧急联络资料

If we can't be reached, the following adults may act in my behalf and pickup my child.  
如无法联络到我们,以下成人可代替我们接送孩子。

Primary 首位

Name: \_\_\_\_\_  
姓名

Relationship: \_\_\_\_\_  
关系

Mobile Phone: \_\_\_\_\_  
手机号码

House/Work Phone: \_\_\_\_\_  
住家 / 公司电话号码

Secondary 次位

Name: \_\_\_\_\_  
姓名

Relationship: \_\_\_\_\_  
关系

Mobile Phone: \_\_\_\_\_  
手机号码

House/Work Phone: \_\_\_\_\_  
住家 / 公司电话号码

## Health, Medical Information and Emergency Authorizations 健康、医疗信息和紧急授权

Health Conditions: \_\_\_\_\_  
健康状况

My child takes the following medication during school or childcare hours:  
我的孩子需以下药物治疗:

Name of Medications 药物名称:

Time taken 服用时间:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_

\_\_\_\_\_

If my child is injured or in need of medical attention and authorized persons including myself cannot be reached, the AKiddos staff is authorized to take my child to a local hospital, at my expense. This may involve ambulance costs.

如果我的孩子受伤或需要医疗照顾但无法联络上授权人包括我自己，AKiddos工作人员将授权把我的孩子送去医院，这可能涉及救护车费用。一切费用将由我承担。

Please call

请联络

Doctor 's Name: \_\_\_\_\_  
医生姓名

Mobile/Hospital phone: \_\_\_\_\_  
手提电话 / 医院联络号码

If necessary, please bring my child to \_\_\_\_\_ Hospital.  
如有必要，请把我的孩子带到 \_\_\_\_\_ 医院。

It is the responsibility of the parents/guardians to update all information.  
家长 / 监护人有责任更新所有最新资料。

### Permissions 准许

I hereby give my child permission to participate in all in-door and out-door activities of the programme. I understand that I will be notified before each activity.  
我准许我的孩子参加所有课程室内外活动。我知道我将会在每一项活动之前收到通知。

I give permission to have my child appear in any media coverage or AKiddos brochure, flyer, banner etc approved by the AKiddos Educare & Learning.  
我同意即接受我的孩子出现在任何媒体或AKiddos Educare & Learning所批准的大小型册子，海报，布条等。

For Office Use

\_\_\_\_\_  
Signature (Parents/ Guardian)  
签名 (家长/监护人)

Name: \_\_\_\_\_  
姓名

Identity Card No.: \_\_\_\_\_  
身份证号码

\_\_\_\_\_  
Signature (Principal)  
签名 (院长)

Business Stamp

