

Fun Mandarin Learning Center

2009 REGISTRATION FORM

Please print clearly with blue or black ink.

Child's Full Name: _____ _____
Birth Date: _____
Address: _____ _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____
School: _____
Grade/Age: _____
Class schedule: M _____ Tu _____ W _____ Th _____ F _____ Sat _____
Time: _____

Mother's Full Name: _____

Cell phone: () _____

Father's Full Name: _____

Cell phone: () _____

E-Mail: _____

** Does your child have any allergies?

Emergency Contact Information

Name of guardian _____
Home Phone: () _____
Work Phone: () _____
Relationship to Child: _____

Secondary Emergency Contact (other than parents or guardian)

Name of guardian _____
Home Phone: () _____
Work Phone: () _____
Relationship to Child: _____

Liability Release Form

Parent's name: _____

Child's name: _____

The undersigned does hereby release Fun Mandarin, its teachers and employees from any and all liability, of any kind whatsoever arising out of any physical or mental injury incurred or sustained by the undersigned son(s) and/or daughter(s) named above while he/she participates in any program while at Fun Mandarin facility, other hosts' residences or any other class locations and these include any injury sustained while using any equipment provided by Fun Mandarin or its class locations. The undersigned acknowledges and affirms that he or she has carefully read this released and has asked and obtained a satisfactory explanation of any part that he or she does not understand.

Signature: _____ Date: _____

