



# Six Skills Culture & Language School Registration Form

Date	
Check No.	
Amount	
Cash	
Initial	

- After School Program   
  Saturday Chinese Program   
  Summer Program   
  Talent Class

## Student Information

Full Name: \_\_\_\_\_  
Last First M.I.

Chinese Name: \_\_\_\_\_  
Nick Name (If any) Sex

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_  
Alternate Phone: ( )

E-mail Address: \_\_\_\_\_

Birth Date: / / \_\_\_\_\_  
Medical insurance carrier and member number

Parent's/Guardian's Name: \_\_\_\_\_  
 Parent's/Guardian's Home Phone: ( ) \_\_\_\_\_  
 Parent's/Guardian's Alternate Phone: ( ) \_\_\_\_\_

## Education Information

Current School: \_\_\_\_\_ Grade as of Sept.: \_\_\_\_\_

Current Math Level: \_\_\_\_\_ Current Chinese Level: \_\_\_\_\_

Current English Level: \_\_\_\_\_ Accreditation for: \_\_\_\_\_

## Emergency Contact Information (other than parent)

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Primary Phone: ( ) \_\_\_\_\_  
Alternate Phone: ( )

Relationship: \_\_\_\_\_

- How did you hear about us?  
  Recreation Center  
  Chinese Newspaper  
  Mills Viking Voice  
  Parent Referral  
  Library

### PARENT'S/GUARDIAN'S AUTHORIZATION:

I give permission for my child to participate in the program. I will not hold the school or any staff member liable in case of accidents or injuries. In case of emergency, I authorize for my child to receive medical treatment at nearby medical facility at my own expense. No refund after school begins.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_