

Claire Academy of Music and Art Registration Form (2019)

Date Registered: Month ____/Date ____/Year ____/ Student No. ____

First Name	Last Name	School Grade	Class Code	Days attending
				Mon Tue Wed Thur Fri Sat Sun (please circle)
中文名: _____	中文姓: _____	Birthday ____/____/____ <small>Month Date Year</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<u>Contact Information:</u> Suite/Apt. #: _____ Street: _____ City: _____ Zip: _____ Phone: _____ email: _____				
<u>Guardian's Information:</u> Name: _____ Relationship to student: _____ Phone: _____ Email: _____				
<u>Additional emergency contacts :</u> Name : _____ Phone: _____ Relationship to student: _____				
Remarks: _____				
<u>Office Use Only :</u> Payment method: _____ Paid period : _____				