



New World Child Development Center

大同世界雙語兒童發展中心

730 E. Homestead Rd. Sunnyvale, CA 94087

Tel: (408) 255-5330 Fax: (408) 255-5336

Email: info@newworldcdc.com

Homepage: www.newworldcdc.com

Enrollment Form

Child's Name _____ Birthday ___/___/___ Age ___ Female Male
(Print Please) Last, First Middle (Circle one)

Home Address _____

Home Phone (____) _____

Parent/Guardian Name _____ Driver's License # _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address: _____

Employer & Address _____

_____ Work Phone (____) _____

Parent/Guardian Name _____ Driver's License # _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address: _____

Employer & Address _____

_____ Work Phone (____) _____

Emergency Contact Person (other than Parent) _____ Ph# (____) _____

Physician _____ Ph# (____) _____

Address: _____

Dentist (Name & Address) _____

Allergies (if any) _____

Signature of Parent/Guardian _____

Print Name: _____ Date ___/___/___

Signature of Parent/Guardian _____

Print Name: _____ Date ___/___/___

For Office use Only	Account#: _____
Date Received ___/___/___	By _____ Class _____ Start Date ___/___/___
Deposit \$ _____ Ck# _____	Starting Monthly Tuition: \$ _____ Sibling ___ Discount _____