



New World Child Development Center

大同世界雙語兒童發展中心

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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

Date Received ___/___/___ By _____ Class _____ Start Date ___/___/___

Deposit \$ ___ Ck# ___ Monthly Tuition: \$ _____ Sibling ___ Discount _____