



Sunny Language Academy Student Application

朝阳语言学校学生注册表

APPLICANT'S INFORMATION:

Name: _____ Birth Date: ____/____/____
Last First Middle

Name Your Child Wishes to Use at School: _____ Gender: M/ F

Chinese Name (if has one)中文名: _____

Home Address _____
Street/Apt. City Zip Code

Has your child been enrolled in a school program or other organized group before? Yes _____ No _____

Current School/Child Care: _____

Which Class Are You Interested In?

_____ Mandarin Immersion Class _____ Enrichment Afternoons Program

_____ Mandarin Immersion Class & Enrichment Afternoons Program

_____ Before School Care _____ After School Care

Days Of The Week Required:

_____ Monday; _____ Tuesday; _____ Wednesday; _____ Thursday; _____ Friday

Date Child entered _____ Date Child Left _____

How did you hear about SLA?

_____ Newspaper; _____ Website; _____ Referred by friend; Name of the friend _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name #1: _____

Address (if different from student): _____

Street/Apt.

City

Zip Code

Home phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

E-mail Address: _____

Would you like your contact information listed in the class rosters? Yes _____ No _____

Parent/Guardian Name #2: _____

Address (if different from student): _____

Street/Apt.

City

Zip Code

Home phone (____) _____ Cell Phone (____) _____ Work Phone: (____) _____

E-mail Address: _____

Would you like your contact information listed in the class rosters? Yes _____ No _____

Emergency Contact:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

People authorized to pick up child at SLA:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

MEDICAL AND HEALTH INFORMATION:

Doctor: _____ Phone: _____

Dentist (if any): _____ Phone: _____

Insurance/health coverage:

Insurance Company: _____ Policy Number: _____

Employer Name: _____ Policy Holder Name: _____

List of the Medications & Allergies/ Drug Reactions

* Current medications: _____

* Medication allergies: _____

* Food allergies: _____

* Chronic health concerns: _____

PARENT QUESTIONNAIRES:

We would like to learn about your child. Please in few words to answers the following questions to help our teacher to know your child.

1. How would you describe your child interactions with others in a group play?

2. What your child's primary strengths? Please describe an example.

3. What three words would be best describing your child's personality?

4. What do you expect your child getting from SLA?

5. Anything else special about your child you'd like to share to us?

PARENT SIGNATURE

I give **Sunny Language Academy** permission to share this information with its staff as deemed appropriate to the admissions process and the child's success at **Sunny Language Academy**.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Non-discrimination statement

Sunny Language Academy does not discriminate on the basis of gender, race, religion, color, nationality or ethnic origin in its admissions and educational policies.

Please submit the following items:

1. Application
2. \$55 Application Fee (non-refundable), One month refundable tuition fee and Checks payable to Sunny Language Academy

Please mail the application materials to:

PO Box 75596
Seattle WA 98175