



國際大使命教會附屬幼兒教育中心

UNITED CHRISTIAN EDUCATION CENTER

16152 GALE AVENUE, HACIENDA HEIGHTS, CA 91745 TEL: (626)336-3334

VISITOR INFORMATION FORM WAITING LIST APPLICATION

NOTE: THIS FORM DOES NOT IMPLY ACCEPTANCE. This form indicates interest in our preschool program only. All openings will be filled according to age of children in classroom, days available and date entered on the waiting list.

The person filling out the form (填表人): _____

Relationship to the Child (與孩子的關係): _____

Phone (電話): _____ E-mail (電郵): _____

When do you expect your child at school? (希望孩子入學的日子) _____

Child's Full Legal Name (孩子英文名字): _____

Sex (性別): M (男) / F (女) Birthday (生日-月/日/年): ____/____/____

Address (住址): _____

Father's Name (爸爸名字): _____ Phone (電話): _____

Mother's Name (媽媽名字): _____ Phone (電話): _____

Church Affiliation (所屬教會): _____

Statement of Personal Religious Beliefs (個人信仰): _____

How Did You Find Out about Our Preschool? (知道我們學校的途徑?)

Ads (廣告) / Brochure (學校傳單) / Friends (朋友) / Other (其他): _____

This application will be considered active for a period of six months, to remain in our active file, it is necessary for you to call us at least once within each six (6) month period.

PARENT'S SIGNATURE (家長簽名): _____ DATE (日期): _____

\$50 WAITING LIST DEPOSIT PAID (NON-REFUNDABLE)