

Yip's Music & Montessori Schools

Markham Main Campus : 28 Crown Steel Drive, Unit 19, Markham, Ontario, Canada L3R 9Y1

Thornhill Campus : 8100 Yonge Street, Unit 8-9, Thornhill, Ontario, Canada L4J 6W6

Unionville Campus : 100 Lee Avenue, Unionville, Ontario, Canada L3R 8G2

Application Form

報名表

Student No.:

學生編號

Student Name : First _____ Last _____ (_____)
學生姓名 名 姓 Chinese 中文姓名

Date of Birth : ____/____/____ Age : ____ Gender : M / F
出生日期 yyyy 年 mmm 月 dd 日 年齡 性別 男 女

Home Address : _____ Postal Code : _____
住宅地址 郵政區號

Home Phone : _____ - _____ - _____ Fax : _____ - _____ - _____
住宅電話 傳真

Parents/Other Information : 父母/其他聯絡資料

Relationship 關係	Mother 母親	Father 父親	Emergency Contact Person 緊急聯絡人
Name (First) 名 (Last) 姓			
Home Address 住宅地址			
Occupation 職業			
Email (for office correspondence) 電郵地址(通訊用)			
Phone (Cell) 手機 電話 (Work)工作			
Work Address 工作地址			

Doctor's Name : _____ Doctor's Phone : _____ - _____ - _____
醫生姓名 醫生電話

Doctor's Address : _____
醫生地址

Allergies : 敏感

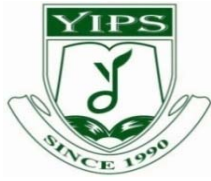
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Nuts	<input type="checkbox"/> Milk	<input type="checkbox"/> Cheese	<input type="checkbox"/> Egg	<input type="checkbox"/> Seafood	<input type="checkbox"/> Fish
<input type="checkbox"/> Strawberries	<input type="checkbox"/> Wheat	<input type="checkbox"/> Raisins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments or special instructions/History of communicable diseases :

I will allow Yip's to use the above information to provide my child with appropriate care or medical treatment in case of emergency.

Parent/Guardian Signature : _____

Date : _____



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School Schedule : Time Start 上學時間
學校時間

7am 9am

Time End 放學時間

12noon 4pm 5pm 6:30pm

Remarks :
備註

1. Registration Fee is non-refundable and non-transferable and valid for 3 months.

註冊費有效期為三個月，在任何情況下都不設退款及轉讓。

2. Last month deposit is non-refundable and non-transferable.

尾月學費(留位費)繳付後在任何情況下都不設退款及轉讓。

For Office Use Only

Student Name : _____

Expected/Start Date : _____

Discharge Date : _____

Date of Registration : _____

Registration Fee : \$ _____

Class : _____

Tuition : \$ _____

Immunization Record: Copy

Last Month Tuition : \$ _____

Uniform : \$ _____

Handled by : _____

Stationery & Books : \$ _____

Date : _____

Payment Total : \$ _____