

**Registration Form**

* **for Students**

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**Registration Details**

|  |  |
| --- | --- |
| Name |  |
| Gender |  |
| Date of Birth |  |
| Email |  |
| Telephone |  |
| Address |  |
| Chinese Learning Background (e.g. Beginners’/one year’s learning experience/etc). |  |
| Medical conditions/disabilities or special needs you would like us to be aware of |  |
| Emergency contact name and number |  |
| Preferred time slots:  (Please select your preferred time and feel free to offer any other slots that suit you better) | 🗆 2023 July  🗆 2023 August  🗆 2023 September  🗆 2024 Easter Holiday  🗆 Other (please specify): \_\_\_\_\_\_\_\_\_ |

If you have any questions or concerns, please feel free to contact us.