



# New World Child Development Center

大同世界雙語兒童發展中心

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## 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# \_\_\_\_\_ Starting Monthly Tuition: \$ \_\_\_\_\_ Sibling \_\_\_ Discount \_\_\_\_\_