

Registration Form

Name of child		boy / girl	Date of birth (dd/mm/yy)
			/ /
Full name of the parent or guardian (the person who came with the child)		You are the child's (please circle):	
		Mother/ Father/ Grandmother/Grandfather Others ()	
Address			
Home Phone		Mobile Phone	
Please circle the following that applies your answer:			
How did you find out about us? 1. Public noticeboard / handouts 2. Homepage: city / ward 3. The ward office / welfare health center 4. Our website 5. From a friend 6. Information booklet 7. When passing by our building 8. Others ()		How did you come to "Smile Port"? 1. on foot 2. by bicycle 3. by bus 4. by train 5. by car 6. others ()	
Please write if you have any questions or comments.			
What do you enjoy? Let us know if you have any hobbies or abilities you can share with us. eg. handicrafts, language, cooking, yoga, hula, storytelling, singing, musical instruments, editing...			
<p>1) We will use your personal information for important notice and emergency only. Your personal information will be handled as strictly confidential and will not be disclosed to any third party without your permission except for emergencies.</p> <p>2) A registration card will be made based on the contents filled out on the application form. Card is free of charge. Please present your card when entering Smile Port.</p>			
I confirm and agree the above and register.		Signed _____	