## LMS 北美全人教育種籽園 Little Mustard Seed Campus, Inc.

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## **REGISTRATION FORM**

\* PLEASE PRINT NEATLY AND FILL OUT FORM COMPLETELY \*

| Registration Date : Student's English Name :      |   |   |                               |  |
|---|---|---|-------------------------------|--|
| Student's Chinese Name :                          | Chinese Learning : Chinese ( Traditional / Simplify ) / CSL |   |                               |  |
| Gender : Male / Female / Date of B                | irth :/   | Home Phone :                            |                               |  |
| Home Address :                                    | Month Day Year City:  | State :                                 | _ Zip Code :                  |  |
| Father's Name :                                   | Phone : (O)   |   |                               |  |
| Mother's Name :                                   | Phone : (O)   | (Cell)_                                 |                               |  |
| Father's E-mail :                                 | Mother's E-mai  | 1:                                      |                               |  |
| Emergency Contact Name :                          | Relationship :  | Phone : _                               |                               |  |
| Doctor's Name :                                   | Phone :   |   |                               |  |
| Food Allergies : Other Dietary                    | Other Dietary Restriction :                                 |   | Medical Allergies :           |  |
| Insect Bite Allergies : Other A                   | Allergies :   | Medications :                           |                               |  |
| Asthma : Hearing/Vision Pro                       | Hearing/Vision Problems :                                   |   | Usually Take A Nap : Yes / No |  |
| Activity Restrictions :                           | Special Routines :  |   |                               |  |
| Past Health Problems :                            |   |   |                               |  |
|   | Room Number :   |   |                               |  |
| Kindergarten ( AM / PM ) /1 <sup>st</sup> grade / | _2 <sup>nd</sup> grade /3 <sup>rd</sup> grade               | /4 <sup>th</sup> grade /5 <sup>th</sup> | grade /6 <sup>th</sup> grade  |  |
| Dismissal Time :                                  |   | Pick Up :                               | Yes No                        |  |
| Office Use Only                                   |   |   |                               |  |
| Starting Date :/ Attending                        |   | ime /Part Time (                        | ( M / T / W / TH / F )        |  |
| Tuition :Pick-Up Fee :                            |   |   |                               |  |

I agree that any controversy of claim arising out of or in any way related to this contract or to my child's enrollment, attendance at Little Mustard Seed Campus, Inc. (LMS), will be determined by submission to arbitration to be held in San Jose, CA in accordance with California Code of Civil Procedure, and not by lawsuit or by resort to court process (except as applicable law provides for judicial review of arbitration proceedings). This agreement includes arbitration of claims against LMS of any of its staff that there has been any wrongful act or omission by LMS or a member of its staff, intentional or otherwise, the decision of the arbitrators may be entered in any court having jurisdiction of such matters. By signing this, I am agreeing to have any issue or claim arising out of attendance at LMS decided by neutral arbitration and I am giving up my right to jury or court trial.

I HAVE READ THE ABOVE CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT BEFORE SIGNING