



奥斯丁中文教育服务中心
Austin Chinese Education Services
Chinese School 2010-2011
Weekend Program Enrollment Form

For ACES Use Only

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amt \$	ck #	
date in :		
office initials:		

Student Name (English/中文): _____ **Sex:** _____
 (Last) (First) (Middle)

Student Current School: _____ **Grade:** _____

Mailing Address: _____ **Home Phone:** _____

Student Proficiency level of Mandarin Chinese (None/Some/Good):
 Speaking _____ Listening _____ Reading _____ Writing _____

Has your child ever learned Chinese before? Yes _____ No _____

If yes, please answer the following questions:

1). How many years has your child learned Chinese _____

2). Which textbook has your child ever used?

_____ 马立平/册数 _____ 暨南大学/册数 _____ 标准中文/册数 _____ 其他/册数

Do you need to order books? Yes _____ No _____ if Yes, please specify _____

If you enroll for 5 hours program, please select two activities from the following four choices:

Chess Club Art Classes Math, LSAT Chinese Review and Homework Help

Phone: _____ **Email:** _____

Mother's Name: _____ **Email:** _____

Work Phone: _____ **Cell Phone:** _____

Father's Name: _____ **Email:** _____

Work Phone: _____ **Cell Phone:** _____

Emergency Contacts and/or authorized pick-ups

Name: _____ **Phone:** _____ **Work/Cell Phone:** _____

Emergency Contact: Yes No **Authorized to Pick-up:** Yes No

