The Holy Name of Jesus
Chinese Catholic Mission
耶稣圣名华人天主堂

Chinese Language Classes Registration Form

Name _____

Age: _____

Address _____

Email _____

Phone number _____

If student is a minor (under 18 yrs old):

Father's Name _____

Mother's Name _____

Emergency Phone Number _____

Please rate your Chinese Language Skill Level: B – beginner I – intermediate A – advanced

I can understand spoken Chinese:	_____ (B)	_____ (I)	_____ (A)
I can speak Chinese:	_____ (B)	_____ (I)	_____ (A)
I can read Chinese:	_____ (B)	_____ (I)	_____ (A)
I can write Chinese:	_____ (B)	_____ (I)	_____ (A)

Does Student Have any Medical Conditions or Allergies? _____ YES _____ NO

If YES, PLEASE SPECIFY _____

_____

Any other info, please specify:

_____

_____