



Learn With Me (Macau)澳門愉學坊補習中心



REGISTRATION FORM

Student Name (學生姓名): _____ Sex (性別): _____

Birthday (出生日期): _____ Phone No (電話): _____

I.D Card No: (身分證號碼): _____

Doctor Name (): _____ Doctor Phone No (電話): _____

Parent's Name (父/母姓名): _____

Parent's Phone No (父/母電話): _____

Home Address (住址): _____

E-mail (電郵地址): _____

Emergency Contacts (): _____

Remarks(備註): _____

Register Date (報名日期): _____