

ENROLLMENT FORM

To register for a class, please fill out the attached form and email, fax or mail to us at:

LITTLE AMBASSADORS
725 Kapiolani Blvd., Ste. C106
Honolulu, HI 96813
littleambassadors@gmail.com
Fax: 808.356.0949

We will confirm that we have received your registration and will notify you about the availability of the class(es) you selected. Please mail or bring payment to the first class (checks payable to "Little Ambassadors"). Tuition is non-refundable after the first week of class.

Child 1:

First Name: _____ MI: _____ Last Name: _____ M F(Circle)
School _____ Grade ___ Age ___ DOB ___ / ___ / _____
*Allergies or special medical problems: _____

Child 2:

First Name: _____ MI: _____ Last Name: _____ M F(Circle)
School _____ Grade ___ Age ___ DOB ___ / ___ / _____
*Allergies or special medical problems: _____

Doctor _____ Phone _____

Mother's Name _____ Father's Name _____
Email _____ Email _____
Employer _____ Employer _____
Work Phone _____ Work Phone _____
Home Phone _____ Home Phone _____
Cell/Other _____ Cell/Other _____
Billing Address _____ City _____ State _____ Zip _____

How do you prefer to be contacted? Email, cell, home phone, work phone (Circle)

EMERGENCY CONTACTS: (Other than parents, also authorized to pick up my child.)

*Name _____ Phone _____
*Name _____ Phone _____

Child 1:

Language: Chinese _____ Japanese _____ Spanish(Circle one)
Option 1: Day: _____ Time: _____ Option 2: Day: _____ Time: _____

Child2:

Language: Chinese _____ Japanese _____ Spanish(Circle one)
Option 1: Day: _____ Time: _____ Option 2: Day: _____ Time: _____

How did you hear about us? (Circle all that apply)

•Word of mouth •Hawaii Parent •Island Family •Google or Yahoo search •Other

Has your child been exposed to other languages? To what degree?

Child 1: _____ Child 2: _____

My child may be in Little Ambassador publicity photographs without his/her name.

Y N (Circle one) Parent/Guardian initials _____