

*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](mailto: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 \_\_\_\_\_