



西雅圖靈糧堂雙語幼兒園

1331 118th Ave SE #150 Bellevue, WA 98005 preschool@seabol.org 425-451-7477

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Registration	Form:	2020-202 1	註卌甲請表恪

C	hild's Name (英文姓名):	(中2	文姓名):	
D	ate of birth (生日):	Male (男)	Female (女) 🔲	
Pi	rogram:	:00am-12:30pm) 00am-3:30pm) days(M,W,F)		
T	Registration Date (註冊日期): uition Payment(學費支付) • Registration fee(註冊費用) • One month tuition(一個月學費)		tart Day(入學日期) 	_
	For new families, you must pay	y the non-refund	•	
	tion as the deposit at the time of		-	•
	ust pay the registration fee and or		•	
•	ur spot. Please notify the school a		•	•
eni	rollment to receive FULL refund o 對於新家庭,您需要支付註冊費	•	•	
庭.	您需要在 6/15 日之前支付註冊費			
	因故要取消註冊,請至少提前一個月			
	Parent's Signature(家長簽字)			
	Director's Signature (園長簽字) _		Date(日期)	