



大悲菩提寺
Great Compassion
Bodhi Prajna Temple

GCBP Temple Youth weekly Meditation Program Registration Form

Registration Date		Birthday (YY/MM/DD)	
Chinese Name		English Name	
Child Gender		Phone #	
Parents Name		Parent's Email	
Home Address			
Chinese speaking level	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> I cannot speak Chinese		
Chinese reading level	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> I cannot read Chinese		
Chinese writing level	<input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Beginner <input type="checkbox"/> I cannot write Chinese		
Have you attended any Chinese School	<input type="checkbox"/> YES <input type="checkbox"/> NO if yes, Year _____ to Year _____		
Do you know pinyin	<input type="checkbox"/> YES <input type="checkbox"/> NO		
What're your child's hobbies?			
what is your child's motivation to attend the class?			
Where do you receive our temple information and who is your referral?			
<i>For current student, please have your child to answer the questions below:</i>			
What's your goal for this semester?			
What would you like to learn from Masters?			
List one thing / each you would like to improve this semester in the temple and at home.			
Other comments			