



Richmond Centre for Disability

Life Skills Training Course (In Chinese)

Student Registration Form

Term: _____

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Telephone: _____ Cell: _____

Address: _____
City Province Postal Code

Condition/Diagnosis: _____

If parent/caregiver/other contact person is registering for the applicant –

Contact Person: _____ Relationship: _____

Telephone: _____ Cell: _____

Areas for Improvement:

Money Skills Social Skills Eating Healthy

Shopping Safety at Home Road Safety

Others: (please specify) _____