Design for creating a registration form for contacting or initiating a registration

## Variable:

Parent Name, Child name

Relation

Phone

Province – drop down menu

City

**Email** 

Gender – radio option button

Language of Communication - check box

#### **Public Variable**

All of the variable except for Email. It might have some private variables to check for special characters.

#### Function:

checkForm() – This is the main function which would call other classes with variables from the form input

## Classes:

cityCheck() - make sure it is not left blank

genderCheck() – if an option button is chosen

langCheck() – to see if atleast one option is chosen

ageCheck() - make sure is not left blank

genderCheck() – make sure one of the option chosen

emailCheck() - make sure not left blank, contains at least dot and @

pnameCheck() – make sure not left blank, contains alphabets only

cnameCheck() - make sure not left blank, contains alphabets only

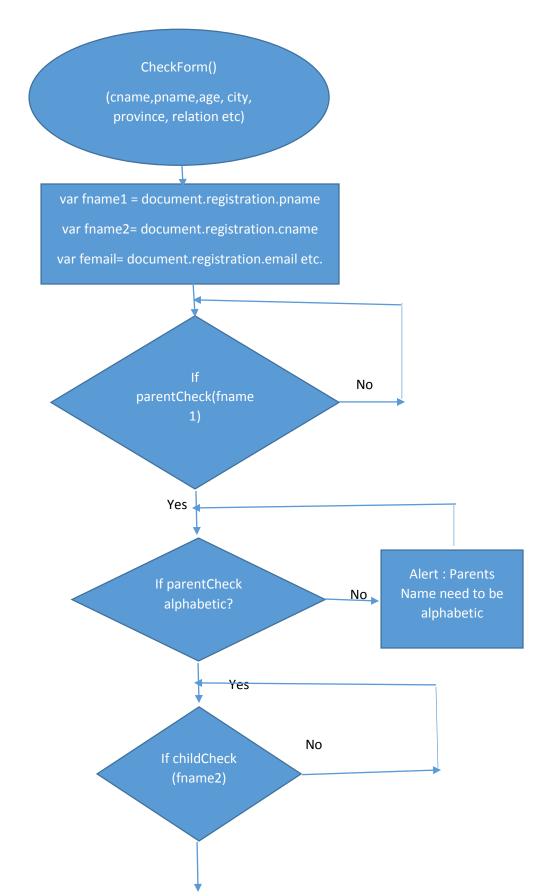
provinceCheck() – at least one option is chosen from the dropdown

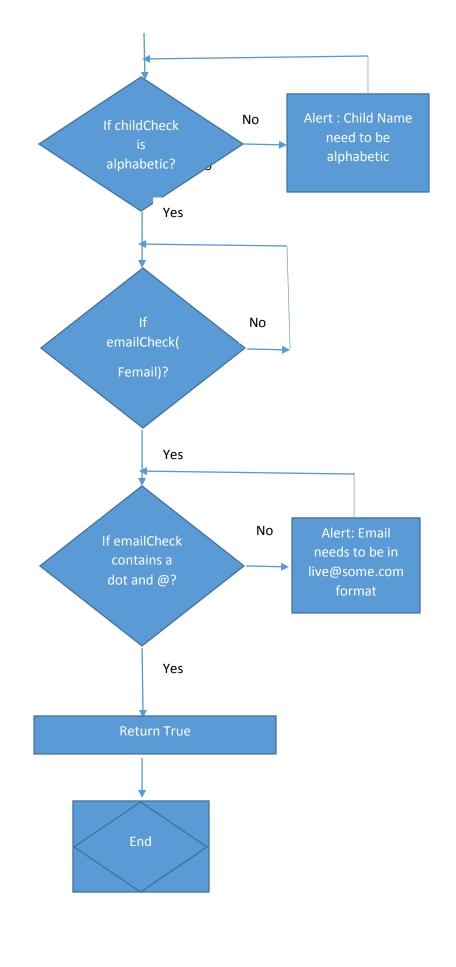
relationCheck() - make sure not left blank

phoneCheck() - make sure valid

# FlowChart:

Following is a flowchart for a single check. For simplicity only fname, pname and email validations have been show in the flowchart.





# Sample Design:

Please fill out the the form below to enquire or obtain details about the programs offered at the school. We

| Parent Information         |                              |                     |             |                                      |
|----------------------------|------------------------------|---------------------|-------------|--------------------------------------|
| Parent Name                |                              |                     | *           |                                      |
| Relationship to Child      |                              |                     | *           |                                      |
| Phone                      |                              |                     |             |                                      |
| Province                   | (Please select a province) > |                     |             |                                      |
| City                       | -                            |                     |             |                                      |
| Email                      |                              |                     | * Enter ema | iil in the format : example@mail.com |
| Child In Company           |                              |                     |             |                                      |
| Child Information          |                              |                     |             |                                      |
| Child Name                 |                              |                     |             | *                                    |
| Age                        |                              |                     |             |                                      |
| Gender of Child            |                              | O Male O Female     |             |                                      |
| Language of Communication: |                              | ✓ English  ☐ French |             | ☐ Other                              |
| Additional Comments        |                              |                     |             |                                      |
| Submit Form                |                              |                     |             |                                      |
| * = Required Field         |                              |                     |             |                                      |
|                            |                              |                     |             |                                      |