



APPLICATION FORM 2025

WINTER SCHOOL PROGRAM

Child's First Name: _____

Child's Family Name: _____

Child's Date of Birth: _____

Child's Nationality: _____

Language Spoken at Home: _____

Name of Current School: _____

Parent's Name: _____

Parent's Email: _____

Please enroll my child for:

☐ **Winter School Program (1 to 4.5 years old)**

☐ Regular Program (09:30am-2:30pm)

☐ All-Day Program (09:30am-5:00pm)

☐ **Express Yourself Program (4.5 to 9 years old)**

☐ Regular Program (09:30am-2:30pm)

☐ All-Day Program (09:30am-5:00pm)

Sessions:

☐ Session 1: 22nd to 26th of December 2025 (5days)

☐ Session 2: 29th to 31st of December 2025 (3days)

Additional Services:

☐ **Early Bird**

Please specify at what time you would like to drop-off your child every day: _____

☐ **Extended Care**

Please specify at what time you would like to pick-up your child every day: _____

☐ **Lunch Box**

Please specify the days of the week you would like to order Lunch Box: _____

☐ **Private tutoring (60mins/session)**

Please specify the days of the week you would like to have Private Tutorials: _____

☐ **Bus Service**

☐ Pick-up

☐ Drop-off

☐ Pick-up and Drop-off

Please specify the location: _____

Any other requests, please write it here: _____

Parent(s) signature: _____

Date: _____