



APPLICATION FORM 2024 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: 16th to 20th of December 2024 (5days)

Session 2: 23rd to 27th of December 2024 (5days)

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: _____