



SUMMER SCHOOL 2024 APPLICATION FORM

Child's Information

Child's First Name: _____ Child's Last Name: _____
Child's Date of Birth (mm/dd/yy): _____ Child's Nationality: _____
Language spoken at home: _____ Name of Current School: _____
Address of Current School (otherwise Last School): _____

Parent's Information

Parent's Name: _____ Contact Number: _____
Parent's Email: _____

Please enroll my child in:

- | | |
|---|---|
| <input type="checkbox"/> Summer School Program | <input type="checkbox"/> Literacy & Maths Program |
| <input type="checkbox"/> Regular Program (09:30am-2:30pm) | <input type="checkbox"/> Regular Program (09:30am-2:30pm) |
| <input type="checkbox"/> All-Day Program (09:30am-5:00pm) | <input type="checkbox"/> All-Day Program (09:30am-5:00pm) |

Sessions:

- | | | | |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> 17 - 21 June | <input type="checkbox"/> 8 - 12 July | <input type="checkbox"/> 29 July - 2 August | <input type="checkbox"/> 19 - 23 August |
| <input type="checkbox"/> 24 - 28 June | <input type="checkbox"/> 15 - 19 July | <input type="checkbox"/> 5 - 9 August | |
| <input type="checkbox"/> 1 - 5 July | <input type="checkbox"/> 22 - 26 July | <input type="checkbox"/> 12 - 16 August | |

Additional Services

Early Bird

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

Extended Care

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

Bus Service

- Pick-up Bus Service
 Drop-off Bus Service
 Pick-up and Drop-off Bus Service

Please specify the address for the bus service pick-up/drop-off: _____

Lunch Boxes

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

Private Tutoring (60min session)

Please specify your preferred days & times for private tutoring (subject to availability): _____

Any other requests, please write it here:

Parent(s) Signature: _____

Date: _____