

2018-19 March Break Camps Small Classes for Big Learning

Our programs will give your child personalized attention and positive encouragement

Student's Name 學生姓名 _____ (English) _____ (中文)

Date of Birth 出生日期 _____ (DD/MM/YYYY) Age 年齡 _____ 性別 : M/F

School 就讀學校 _____ Grade/Class: _____

Special Attention Required (e.g. food allergies, Glucose-6-Phosphate Dehydrogenase Deficiency/ "G6PD", etc)
特別情況 (例：食物敏感、葡萄糖-六-磷酸鹽脫氫/“蠶豆症”等等)

Information of Parent/Guardian 家長/監護人資料

Name 姓名 _____ (English)

Contact Tel. 電話 _____ Relationship 與學生關係 _____

Email 電郵 _____

Address 地址 _____

Emergency Contact 緊急聯絡資料

Name 姓名 _____

Contact Tel. 電話 _____ Relationship 與學生關係 _____

Course Information 課程資料

*如果您的子女有過敏或者其它飲食相關的病症，我們建議您自備午餐和茶點
If your child has any allergies or medical conditions, it is recommended your child bring their own lunch and snacks

Please indicate the days of care you will require below.

Mon Tues Wed Thurs Fri
 11/3 12/3 13/3 14/3 15/3

1. Early Bird Discount(全天 9:00-4:00) Before Feb 28 - **10% OFF** OR

2. Referral family with 2 families Discount (全天 9:00-4:00) Before Feb 28 - **15% OFF**

3. Referral family with 1 **NEW** family Discount (全天 9:00-4:00) - **20% OFF**

* Extant Hour :\$5/30mins. (7 - 9am or 4 - 7pm)
* Lunch&Snacks: \$7/day. - No discount
* There is \$1/min penalty for the late pick up. - No discount

Time : \$60 / day (9am - 4pm)
Holiday: \$90 / day (12/25, 12/26 & 1/1)
Extant hour:\$ 5 / 30 mins - No discount

How do you know us? 請問閣下怎樣認識我們? (Please tick the appropriate box)

- 郵寄章程 Mail Circular 傳單派發 Handbill Distribution 網頁 Website 海報 Banner
- 親友介紹 Introduced by friends or relatives (介紹人 Referee: _____)
- 其他 Others: _____

PARENT AUTHORIZATION

If cancel registration before March 5 th 2019, paid camp fee minus \$50 handling fee will be refunded. After March 6 th 2019, NO REFUND will be issued for any sessions. The refund check will be mailed out in two weeks.

I understand to pay the late fee \$1 per minute if no pickup on time.

Early Bird discount only could be applied for March Break camp fee, which cannot be used together with other discounts; selective program, lunch fee, and tickets are not included in any discount. Special arrangements for additional hours can be arranged with the office.

I give permission for my child to be included in any photographs taken while attending TLWH. The photographs may be used for display in the Centre and for outside or community TLWH promotional displays.

I give permission for my child (stated above) to participate in walks outside the school premises with his/her classmates and teacher(s).

I give permission for my child (stated above) to participate in any field trips/events which take place out of school. I understand that I will be notified prior to any school trip.

I have read and understand this consent form and agree to its terms knowingly and voluntarily. I release TLWH, their directors, teachers and staffs from any and all liabilities and waive all claims against them.

I understand that in the event of illness or an accident occurring to my child, TLWH will make every attempt to contact me and/or other parent. If, however, I or other parent cannot be reached, I hereby give TLWH, its Directors, Officers, Agents and Employees authority to act on my behalf in case of an emergency and to take appropriate steps to seek medical attention/have a doctor attend to my child. I also agree to release and indemnify TLWH, its Directors, Officers, Agents and Employees from any and all claims for damages arising from an injury or otherwise related actions to my child as a result of any accident, illness, injury or for any other reason arising from participation in any activities.

I HAVE READ THE ABOVE AGREEMENT, AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURY RECEIVED.

I AGREE TO ASSUME FULL RESPONSIBILITY FOR THE COSTS OF ANY TREATMENT PROVIDED AND ABIDE BY TLWH ROLES/POLICIES.

Print name of Parent: _____

Print name of Child: _____

Parent's Signature: _____

Date: _____

**Please send email to : littlewhitehouseca@gmail.com or
Whatsapp & Wechat: 647 - 678 - 0666**

For Office Use Only	
Amount: _____	<input type="checkbox"/> By Cash <input type="checkbox"/> By Cash <input type="checkbox"/> By Cheque (No.)
Application Date: _____	Handled by: _____