



Social Skills Program Registration Form

Child's Information	
Child's Name:	First Language: Second Language:
Date of Birth: (dd/mm/yy) Age: _____ years _____ mths	Nationality:
Current School:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Where did you hear about us?	
<input type="checkbox"/> Referral by others <input type="checkbox"/> Magazine <input type="checkbox"/> Flyer <input type="checkbox"/> Website <input type="checkbox"/> Others	
Parent/Guardian Information	
Name (Father):	Name (Mother):
Mobile Phone:	Mobile Phone:
Email:	Email:
Home no.:	
Home Address:	
Any allergies, medical or health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide details: _____	
Emergency Contact (other than parents):	
Name:	Relationship:
Home Tel:	Mobile phone:

Office Use Only			
Social Skills Class Time:		Total Fee:	
Application Status:		Payment Settlement:	
Start Date:		Others:	

Terms and Conditions:

Indoor Shoes:

Children will be required to wear either indoor shoes or socks in the class.

Class Time:

Please wait patiently at the door and we will open the door when it is class time.

Refund:

NO refund for whatever reasons once enrollment is confirmed and fees are paid. Fees paid cannot be transferred to another student or a later date.

Absence & Make Up Session:

There will be no make up sessions or due to sickness, school events, family holiday or other matters.

Typhoon & Rainstorm:

Classes will be canceled once the typhoon signal no. 8 or black rainstorm warning signal is hoisted. These classes will not be rescheduled or refunded due to the severe weather.

Photos and Other Media:

We reserve the right to use photographs and videos taken by our center for teaching training and marketing purposes. If you do not consent, please make a remark on the registration form.

I understand and accept the terms and conditions on the form:

Parent's Name: _____

Signature _____ Date _____