





## Registration Form (con't)

### People authorised to collect the child other than Parents or Guardians:

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ HKID No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ HKID No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile Telephone No.: \_\_\_\_\_

### Billing Details:

If you require invoices to be sent to your employer rather than to yourself, please complete the details below:

Name of Contact Person: \_\_\_\_\_ Title of Contact Person: \_\_\_\_\_

Contact Person Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Consent and Acceptance

1. I certify that the information provided above is true and correct.
2. I understand and accept that a signed Enrolment Contract is required before my child can start school.
3. I agree that in the event of a medical need, my child should be taken to the nearest hospital or (enter alternative hospital name and address, if any) \_\_\_\_\_  
\_\_\_\_\_
4. I agree to pay all medical and other expenses incurred in the treatment of my child.
5. I consent to the use of images of my child participating in school activities on the Woodland Pre-School website and in promotional materials.

Please Print Name: \_\_\_\_\_ Parent / Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only

Child's School I.D.: \_\_\_\_\_ Class (if immediate start): \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Cash or Cheque No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_