



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.: _____