(F511A1-web)

WoodlandPre-Schools
Harbourside

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Registration Form

(You can fill it out by typing in the necessary information using your keyboard.)

Child's Family Name: _____ **Given Name:** _____

Girl ☐ **Boy** ☐ **Nationality:** _____ **Religion:** _____

Date of Birth (dd/mm/yy): _____

Bus Service Required? **(not for Wrigglers, Playgroup & Stepping Stones)** **Yes** ☐ **No** ☐ **Child is Toilet Trained? Yes** ☐ **No** ☐

Does your child have any allergies, medical conditions, physical abnormalities or learning difficulties? Yes ☐ No ☐

If "Yes", give full details _____

Language spoken (other than English): _____ Previous school if any: _____

Family Doctor's Name: _____ Family Doctor's Telephone No.: _____

Family Hospital: _____ Family Hospital Telephone No.: _____

Family Hospital Address: _____

Emergency Contact Name: _____ Telephone No.: _____

Parent / Guardian Names, Address and Contact Details

Parent / Guardian 1 Name: _____ HKID Card No.: _____

Parent / Guardian 2 Name: _____ HKID Card No.: _____

Address: _____

Home Telephone No.: _____ Fax No.: _____

Home Email: _____

Parent / Guardian 1 Business Telephone No.: _____ Mobile Telephone No.: _____

Parent / Guardian 1 Business Email: _____

Parent / Guardian 2 Business Telephone No.: _____ Mobile Telephone No.: _____

Parent / Guardian 2 Business Email: _____

Class and Time

English Only Class

Please tick your preferred class:

☐ Wrigglers ☐ Playgroup

☐ Stepping Stones ☐ Pre-School

☐ Reception ☐ Primary

☐ Others (give details) _____

☐ Morning ☐ Afternoon ☐ Extended Day

Should your preferred class be unavailable, an alternative class may be offered.

Days of the week and time: _____ Start Date: _____

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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.

   Survey: How did you learn of the Woodland Group? _____

Please Print Name: _____ Parent / Guardian

Signature: _____ Date: _____

Print It

Office use only

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

Payment Date: _____ Amount Paid: _____

Cash or Cheque No.: _____ Receipt No.: _____