(F512A1-web)

Woodland Tree House

G/F, Block M, Scenic Villas
18-20 Scenic Villa Drive
Pokfulam Hong Kong
T +852 2872 6138
F +852 2872 6389
E wpg@woodlandschools.com
www.woodlandschools.com

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): _____

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

☐ Others (give details) _____

☐ Morning ☐ Afternoon ☐ Extended Day

Please note Pre-School classes (2 years 6 months plus) are held at our other campuses and must be registered for separately. Children attending Woodland Tree House will have priority on spaces at these schools.

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

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

Woodland Tree House

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.: _____