

MAPLE ACADEMY

BEAR CARE PLAYGROUP

 Shop 27, G/F, Corinthia By The Sea, 23 Tong Yin Street,

 Tseung Kwan O, Hong Kong

 T: +852 2185 6646

 W: +852 6849 2840

PHOTO

HERE

(45mm x 35mm)

Reference Number: _____

Student Enrollment Form

STUDENT INFORMATION				
English Full Name: Last	Middle	First	Preferred Name: ————————————————————————————————————	
Chinese Last Full Name:	First	-	Gender:	
Address:				
Phone:		Email:		
Nationality:		Place of Birth:		
Date of Birth (DD/MM/YYYY):		Previous School:		
Child's 1 st Language:		Child's 2 nd Language:		
Name of sibling(s) (age):	()	Child is toilet trained YES	/ NO	

SCHEDULE

Full English Immersion (Unaccompanied Class)

Start Date of 1st lesson (ddmmyy): _____

Circle your preferer	nce:						
Age		12 - 20 months					
No. of sessions per week	1		2	3		4	5
Which days? (Mon-Sat)							
Time	8:30-10:00an	n	10:30-12:	00noon	2:0	0-3:30pm	3:30-5:00pm

*Please check with staff for the available seats

*10% discount for 3 or more lessons per week

SCHEDULE AND FEES

School Fee: HK\$390 for 1.5 hours session

Application Fee[#]: HK\$500 per new student

Class Deposit*:	HK\$780 per new student
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Refundable by giving one full calendar month notice for course cancellation.

	PARENT / GUARDIAN'S INFORMATION			
Full Name:	Relationship:			
Mobile Number:	Occupation:			
Email:				
Full Name:	Relationship:			
Mobile Number:	Occupation:			
Email:				
	IMPORTANT NOTES			
Does your child have	e any allergies, medical conditions, physical abnormalities or learning difficulties?			
If "Yes", please give	more details:			
Emergency Contact	Name: Phone:			
	APPLICATION GUIDELINES			
 a completed stud a photocopy of Passport (for nor 	ion fee [#] per new student (non-transferrable and □ HK\$780 class deposit* (refundable)			
	PARENTAL CONSENT AND ACCEPTANCE			
 I understand that there are limited places, a meeting with the family and child is required to assess the application. The school reserves all final rights. I certify that the information provided is true and correct. I understand and accept that a signed Student Enrolment Form is required before my child can start school. I agree that in the event of a medical need, my child should be taken to the nearest hospital and pay all medical and other expenses incurred in the treatment of my child. I consent to the use of images of my child participating in school activities on the school website, social media pages and promotional materials, unless I inform the Director of School with written declaration. I know that all paid school fees are non-refundable. Deposit will be refunded by cheque with sufficient 1 month notice. All documents provided will be used for admission related purposes only. All documents of cancelled or unsuccessful applications will be destroyed. School Fees are subject to change in the future. Parents will be notified in due course. The personal data collected is strictly confidential and will not be disclosed to any external parties without prior consent or as required by law. Makeup class is only provided if medical certification is presented and if the school is notified of sudden absence. Make up class must be taken within the same month of absence. Makeup class will not be provided for vacations or any other leave, class will be taken the class. I understand that if teachers are sick or on holidays, the school will be responsible to arrange a qualified staff to teach the class. I UNDERSTAND and ACCEPT the Terms and Conditions as stated above. Signature of Parent/ Guardian:				
PAYMENT				
INFORMATION				

PAYMENT INFORMATION				
By Cheque	By Bank Transfer	FPS		
Please make cheque payable to:	Bank: HSBC	Name : MAPLE ACADEMY LIMITED		
MAPLE ACADEMY LIMITED	Name: MAPLE ACADEMY LIMITED	ID : 162658538		
	Account number: 040-154-148-838			

Please put your child's name as the reference on the payment and send the bank confirmation to 6848-1264