



**Mandarin Workshop
for Kids
Enrollment Form
2011-2012**

2/F, 51 Yi Chun Street, Sai Kung, N.T.
TEL: 2791 4838 / Fax: 2791 4838
Email: jumpstart@netvigator.com
Website: www.jumpstartmlc.com

Parent's Name:	
(First)	(Last)
Address:	
Tel:	Mobile:
Email:	
Helper's TEL No. if applicable:	
Child's Name:	
(First)	(Last)
Date of Birth: (DD)	(MM) (YY) Male / Female
School Attended:	Grade:
Allergies or Medical Conditions:	

Please choose the group and days of the week by putting a "X" in the box(es)

FEES			HK\$300 per session						
<i>Caterpillar (2.5-3.5 yrs)</i>					<i>Butterfly (3.5-5 yrs)</i>				
AM 9:00-11:30			PM 2:00-4:30		AM 9:00-11:30			PM 2:00-4:30	
Mon	Wed	Fri	Tue	Thur	Mon	Wed	Fri	Tue	Thur

TERMS	FEES	Payment Record
Term 1 29/8/11 – 16/12/11	HK\$300 X _____ sessions = HK\$ _____	
Term 2 3/1/12 – 30/3/12	HK\$300 X _____ sessions = HK\$ _____	
Term 3 10/4/12 – 29/6/12	HK\$300 X _____ sessions = HK\$ _____	

Payment Methods

By cash

By crossed cheque payable to "**LEE PEI LIN**"

Parent's/Guardian's Consent

All participants enrolled at Jumpstart Mandarin Learning Centre (The Word Shop) do so at their own risk and in any case Jumpstart Mandarin Learning Centre (The Word Shop), its owner and staff shall not be liable for any damage whatsoever arising from personal injury or loss of property.

I have read the **Terms & Conditions** of Jumpstart Mandarin Learning Centre and am willing to accept them.

Signature of Parent: _____

Date: _____