

⊁				×
	<u>Application</u>	<u>n Forn</u>	J	
Child's name:		DOB:	/ /	Sex: M / F
Home-address:		DD M	M	
HomeTel:	MotherMobile:		FatherMobile:	
Present Kindergarten:				AM / PM / Full Day
Name of Parent:	Emai	I:		
I understand that there will be	no refund of fees after the pr	ogramme ha	s been confirmed. I a	lso understand that
Zebedee International Kindergar	rten teacher(s) or staff shall	not be respo	nsible for any acciden	its, injuries and /or
loss arising from my child's / c	hildren's participation. Please	note that t	here are <u>no make up</u>	classes for missed
classes or inclement weather.				
Parent's signature:			Date:	

G/F Yat Nga Court, Nam Wan Rd, Tai Po. Tel: 2650-3339 Fax: 2650-4449 Email: enrol@zebedee.edu.hk