Application Form

Child's name: _____ **DOB:** / / (DD MM YYYY) **Sex:** M / F

Home-address: _____

HomeTel: _____ **MotherMobile:** _____ **FatherMobile:** _____

Present Kindergarten: _____ AM / PM / Full Day

Name of Parent: _____ **Email:** _____

I understand that there will be **no refund** of fees after the programme has been confirmed. I also understand that Zebedee International Kindergarten teacher(s) or staff shall not be responsible for any accidents, injuries and /or loss arising from my child's / children's participation. Please note that there are no make up 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

✂ _____ ✂

報名表

學生姓名: | 出生日期: / / (日 月 年) | 性別: 男/女

住宅地址:

住宅電話: | 母親手機: | 父親手機:

現讀幼稚園名稱: | 上午/ 下午/ 全日

家長姓名: | 電郵:

本人清楚及明白所有課堂一經確定後，費用將不獲退還・另所有缺席或因天氣關係而教統局宣佈停課之課堂將不獲補償・如本人的子女因違規而發生任何意外、受傷或走失，學校、教職員等將不會為此負責・

家長簽署: _____ 日期: _____

大埔逸雅苑逸榮閣地下 電話:2650-3339 傳真: 2650-4449 電郵: enrol@zebedee.edu.hk