



Summer Camp 2023 Enrolment Form

Office Use Only
Submission Date: _____

Programme Information

Programme Name		Summer Camp 2023					
Fee		\$2,200 / \$2,000 (Early Bird) x _____ Week(s) = \$ _____ (Minimum 2 Consecutive Weeks) Early Bird Discount (\$2,000 Per Week) Up To 17 June 2023					
Campus:		<input type="checkbox"/> Ma On Shan		<input type="checkbox"/> Fo Tan		<input type="checkbox"/> Tseung Kwan O	
Dates:	3 Jul - 7 Jul	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	10 Jul - 14 Jul	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	17 Jul - 21 Jul	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	24 Jul - 28 Jul	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	31 Jul - 4 Aug	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	7 Aug - 11 Aug (No Camp)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)
	14 Aug - 18 Aug (PM Only)	(N/A)	(N/A)	(N/A)	<input type="checkbox"/> PM	(N/A)	<input type="checkbox"/> PM
	21 Aug - 25 Aug (PM Only)	(N/A)	(N/A)	(N/A)	<input type="checkbox"/> PM	(N/A)	<input type="checkbox"/> PM
AM Session: 9:00 AM - 12:00 PM; PM Session: 1:00 PM - 4:00 PM							

Child's Information

Family Name:	Given Name:	Photo
Preferred Name:	Chinese Name:	
Gender: Male / Female	Date of Birth: (DD/MM/YYYY) / /	
Age:	Birth Certificate No.:	
Country of Birth:	Nationality:	
Address:		
Attending School: (Child must be currently enrolled in an unaccompanied Pre-Nursery or Kindergarten class to join Summer Camp.)		

Contact Details (Parents / Guardian)

Family Name:	Given Name:
Relationship:	Direct Day Phone No.:
Home:	Mobile:
Email:	
Office Address:	

Emergency Contact

Family Name:	Given Name:
Relationship:	Contact Number:

Additional Information / Special Circumstances

Please inform us of anything that may affect your child (e.g. illness, allergies, separation or adoption).
Please attach a separate sheet if preferred.

Terms and Conditions

- Child must be currently enrolled in an unaccompanied Pre-Nursery or Kindergarten class to join Summer Camp 2023.
- A minimum number of students should be met to open the class, and is subject to availability. Please contact your preferred campus before applying.
- Please make cheque payable to Box Hill Holdings Limited, and remember to write your child's name on the back of the cheque. Please do not send a post-dated cheque.
- Direct bank transfer and FPS payment are also available. Please refer to the following account details:
Account Number: 004-819-191982-001 (HSBC)
Account Name: Box Hill Holdings Limited
- Please remember to send the bank deposit slip by email to the respective school email address, together with the following information:
 1. Your Child's Name
 2. Programme Name and Session Time
 3. Payer's Name
- All courses are automatically cancelled when red or black rainstorm warnings or No. 3 typhoon signal or above are hoisted. No make-up class will be offered and no refund or credit will be made.
- As this is a short programme, there is no refund, credit or make-up class for individual sick leave or casual leave.
- In the event of school closures due to pandemic or other communicable diseases, such as upper respiratory tract infection and influenza announced by the Education Bureau or Department of Health, 70% of the fee for the days that cover the closure dates will be refunded.

By enrolling my child into Box Hill Enrichment Programme(s), I agree to the rules and regulations set out by the school. I give consent to the school to use any image(s) of my child for any school promotional and marketing purposes.

☐ I confirm all the information in this form is true, complete and accurate. I also agree to all Terms and Conditions stated above.

☐ From time to time, Box Hill may contact you regarding information about our events and/or services. If you wish to opt out of receiving our information, please tick this box.

Name of Parent or Legal Guardian
(IN BLOCK LETTERS)

Signature of Parent or Legal Guardian

Date