

## Summer Camp 2024 Enrolment Form

Office	Use	Only
Submiss	sion	Date:

Programme Informat	ion							
Summer Camp 2024		Minimum 2 Consecutive Weeks  Early Bird Fee is valid on or before 8 June 2024						
Dates	Early Bird Fee	Regular Fee	☐ Ma On Shan		on or belore 8 June 20.  ☐ Fo Tan		☐ Tseung Kwan O	
2 Jul – 5 Jul	\$1,840	\$2,000	☐ AM	☐ PM	(N/A)	(N/A)	☐ AM	☐ PM
8 Jul – 12 Jul	\$2,300	\$2,500	☐ AM	☐ PM	(N/A)	(N/A)	☐ AM	☐ PM
15 Jul – 19 Jul	\$2,300	\$2,500	☐ AM	☐ PM	ПАМ	☐ PM	☐ AM	☐ PM
22 Jul – 26 Jul	\$2,300	\$2,500	☐ AM	☐ PM	☐ AM	☐ PM	☐ AM	☐ PM
29 Jul – 2 Aug	\$2,300	\$2,500	☐ AM	☐ PM	☐ AM	☐ PM	☐ AM	☐ PM
5 Aug – 9 Aug	(No Camp)		(N/A)	(N/A)	(N/A)	(N/A)	(N/A)	(N/A)
12 Aug – 16 Aug	\$2,300	\$2,500	(N/A)	(N/A)	☐ AM	☐ PM	(N/A)	(N/A)
19 Aug – 23 Aug	\$2,300	\$2,500	(N/A)	(N/A)	☐ AM	☐ PM	(N/A)	(N/A)
26 Aug – 30 Aug	\$2,300	\$2,500	(N/A)	(N/A)	☐ AM	☐ PM	(N/A)	(N/A)
Total:	\$							
AM Session: 9:00 AM - 12:00 PM; PM Session: 1:15 PM - 4:15 PM								
Child's Information								
Family Name: Given Na		ıme:						
Preferred Name: Chinese		Name:				Photo		
Gender: Male / Female Date of B		Birth: (DD/MM/YYYY) / /						
Age: Birth Cer		tificate No.:						
Country of Birth: Nationality			y:					
Address:								
Attending School: (Child must be currently enrolled in an unaccompanied Pre-Nursery or Kindergarten class to join Summer Camp.)								
Allehuing School: (C)	niia must be curr	entiy enrollea in d	in unaccompan	ilea Pre-Nursery	or Kinaergari	en ciass to join	Summer Camp	.)
Family Name:	Contact Details (Parents / Guardian)  Family Name: Given Name:							
Relationship:				Direct Day Phone No.:				
Home:				Mobile:				
Email:								
Office Address:								

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Relationship:	Given Name:	
· · · · · · · · · · · · · · · · · · ·	Contact Number:	
Additional Information / Special Circumstanc	es	
Please inform us of anything that may affect your child Please attach a separate sheet if preferred.	(e.g. illness, allergies, separation or adoption).	
Terms and Conditions		
Please note that students will be placed into a separated class of one particular level.  A minimum number of students should be preferred campus before applying.  Doors will open at 8:50 AM / 1:05 PM. Para We ask that children be inside the classrood. Please make cheque payable to Box Hill Hicheque. Please do not send a post-dated of	e also available. Please refer to the following account details:	

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

Signature of Parent or Legal Guardian

Date

(IN BLOCK LETTERS)

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

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