



# Enrichment Programme Enrolment Form

Office Use Only  
Submission Date: \_\_\_\_\_

## Programme Information

Campus: <input type="checkbox"/> Ma On Shan <input type="checkbox"/> Fo Tan <input type="checkbox"/> Tseung Kwan O		
Programme Name:	<input type="checkbox"/> Jelly & Belly	
	<input type="checkbox"/> Mother Duck	
	<input type="checkbox"/> Bouncy Joey	
	<input type="checkbox"/> English Wonderland	
	<input type="checkbox"/> Others: _____	
Start Date:	Day(s) & Session Time:	Fee:

## 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: <i>(if any)</i>		

## Contact Details (Parents / Guardian)

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

- 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
- Certificates will be given out to children who have been enrolled for the whole term and attended more than 75% of lessons during the term for termly classes or 3 months for monthly classes.
- In the case of an absent teacher, another staff member within the Box Hill group shall replace the teacher for that lesson(s).
- If necessary, parents may deduct a maximum of 2 casual leaves before payment is made, after payment is given, no other deductions, make up classes or refunds will be issued for casual leaves taken.
- Make-up class will be arranged for 1 sick leave per payment period if a Doctor's Note is submitted.
- 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.
- 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.
- As we wish to provide a safe and risk-free environment for all our children and staff, parents that are not accompanying their child for any class should not remain on the school premise. This is to ensure safeguarding practices are upheld and to improve the preventative measures in our school. We ask for parent's understanding and compliance.
- Photo taking, audio recording and video recording is not allowed unless prior approval is given by Box Hill.
- Payments should be made by the deadline stated in the invoice, otherwise your space may be given to the next children on the waiting list. Please inform the school office **in writing** if you will not continue the class as soon as possible.
- In case of any dispute or discrepancy, the decision of Box Hill shall be final.

By making a payment and enrolling my child into any Box Hill Enrichment Programme(s), I confirm all the information in this form is true, complete and accurate and I agree to the Terms and Conditions set out by the school. I also give consent to the school to use any image(s) of my child for any school promotional and/or marketing purposes.

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