



SPRING SCHOOL 2025 APPLICATION FORM

Child's Information

Child's First Name: _____ Child's Last Name: _____

Child's Date of Birth: _____ Child's Nationality: _____ Language spoken at home: _____

Name of Current School (otherwise Last School Attended): _____

Address of Current School (otherwise Last School): _____

Parent's Information

Parent's Name: _____ Contact Number: _____

Parent's Email: _____

Please enroll my child for:

Full Week: 17-21 March 2025 (5 days)

Single-Day Application. Please specify below which day(s) you would like to apply for:

Please enroll my child in:

Spring School Program (1 to 4.5 years old)

Literacy & Maths Program (4.5 to 9 years old)

Regular Program (09:30 am to 2:30 pm)

Regular Program (09:30 am to 2:30 pm)

All-Day Program (09:30 am to 5:00 pm)

All-Day Program (09:30 am to 5:00 pm)

Additional Services

Early Bird

Please specify at what time you would like to drop-off your child every day: _____

Extended Care

Please specify at what time you would like to pick-up your child every day: _____

Lunch Box

Please specify the days of the week you would like to order Lunch Box: _____

Private tutoring (60mins/session)

Please specify the days of the week you would like to have Private Tutorials: _____

Bus Service

Pick-up

Drop-off

Pick-up and Drop-off

Please specify the location: _____

Any other requests, please write it here: _____

Parent(s) Signature: _____

Date: _____