



A division of Kids' Gallery Co Ltd

ENROLMENT FORM

STAR LEARNING CENTRE
EMB School Registration No: 56235 I

I would like to enrol my child(ren) in classes at Star Learning Centre:

Parent's name:		(Mother / father / legal guardian)	
Address:			
Telephone no:	(Home / office)	Fax:	(Home / office)
Mobile:		Email:	
Name of child's caregiver / nann			Contact no:

	Child 1	Child 2
Name (First, Last Name)		
Date of birth (DD/MM/YY)		
Sex (M/F)		
Existing student, sibling or waitlisted?		

Please mark which English classes and times are most suitable for you, according to the timetable, in order of preference. We shall do our best to accommodate you:

Child 1	Name of class	Day/Time
First choice		
Second choice		

Child 2	Name of class	Day/Time
First choice		
Second choice		

Please make out cheque to **KIDS' GALLERY CO LTD.**

Is there anything we should know about your child (eg existing health condition, allergies, etc)? If so, please specify: _____
What school does your child attend? _____
Where did you hear about Star Learning Centre? _____
How would you prefer to receive information from Kids' Gallery? Mail <input type="checkbox"/> Email <input type="checkbox"/>

I have read the terms and conditions overleaf and agree to them.

Signature of parent or legal guardian

(Enrolments cannot be accepted without signature)

STAR LEARNING CENTRE 明星研習中心
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