

DROP-IN PLAYGROUP | 1.6 - 3 YRS







APPLICATION NO:		COURSE: 010	○ 20 ○ 30 ○ 40 ○ 50 CLASSES
CHILD'S INFORMATION			
Full Name Child's name: ชื่อ-นามสกุล ชื่อภาษาไทย:			Nickname ชื่อเล่น
Birthdate: (dd/mm/yyyy)	Age: Natio	onality:	○ Male ○ Female
Religion:	Medical Conditions / All	ergies:	
Knowledge of English: None Little Fluent			
Days on which I'd like my child to at	tend: Monday	Tuesday () W	Tednesday Thursday Friday
PARENT / GUARDIAN INFORMATIO	N		
Parent's name: Address:		○Father ○M	Aother Others (please specify)
		Email:	
Home Phone:	Mobile Phone:	Li	ne ID:
Full Name Emergency contact person other than parents:			
Emergency contact person other than			
		ı	Mobile Phone:
NOTES The course is valid for one year from school fee discount. I consent to having my child's photog	the date of your first class. on-refundable. However the	e remaining of the un	nused classes may be converted into RAIS
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