

Magic of Winter Camp 09/10 Registration Form

魔幻冬令營申請表



EDUCATIONAL SERVICES
教育服務

5/F Cigna Tower, 482 Jaffe Road
Causeway Bay, Hong Kong
Tel: 2711 1280 Fax: 2711 8007
www.esf.org.hk

Please complete in **BLOCK LETTERS** 請以英文大楷填寫

Personal information is collected for registration administration only 所收集的個人資料只作註冊及行政用途

Section 1 – STUDENT DETAILS 學生資料

Name 姓名 (in English 英文)	Family Name 姓	Given Name 名	English Given Name 英文名
	Date of Birth 出生日期 (dd/mm/yy 日/月/年)		Age 年齡 (yy/mm 年/月)
School Attending 就讀學校			Gender 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Is the student studying with ESF Educational Services? <input type="checkbox"/> Yes <input type="checkbox"/> No 是否現正於英基教育服務就讀? <input type="checkbox"/> 是 <input type="checkbox"/> 否			Level 級別
Does the student have any special needs caused by ill health / a medical condition? If so, please specify her/his requirements. 學生是否有藥物或其他身體狀況需要教師特別注意? 如果有, 請註明。			Location 地點

Section 2 – CONTACT DETAILS 聯絡資料

Name of Contact Parent 家長姓名 / Guardian 監護人姓名			
Home Phone 住宅電話	Mobile Phone 手提電話	Emergency Contact 緊急聯絡電話	
How did you hear about ESF Language Programmes? 您如何得知英基語言課程? <input type="checkbox"/> Friend 朋友 <input type="checkbox"/> Newspaper 報紙 <input type="checkbox"/> Open Day 開放日 <input type="checkbox"/> Website 網址 <input type="checkbox"/> Postal Circular 郵政通函 <input type="checkbox"/> Other 其他			
E-mail 電郵			
Postal Address 郵寄地址			
Flat/House 室	Floor 樓	Block/Tower 座	Building 大廈
<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界			
Street/Road 街道	District 地區	Area 區域	

Section 3 – PROGRAMME DETAILS 課程資料

Camp	Time	QBS	BHS	RC	ESF Office	Course Fee
Magic of Winter stories 冬日故事魔法班	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$2,400
Secondary Specialist Camp 冬季精選課程	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000
Cambridge Intensive Course & Exam 劍橋考試預備班及考試	10:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$2,500
Magic of Phonics 英語語音魔法班	10:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000
Magic of Chinese Characters 漢字認讀魔法班	10:00am - 12:00pm		<input type="checkbox"/>		<input type="checkbox"/>	\$2,000

Section 4 – PAYMENT DETAILS 付款詳情

***Applications without payment details will NOT be accepted or processed** *學費必須連同申請表一同遞交, 否則將不獲受理

AMOUNT PAYABLE 祈付款額	
Course Fee(s) 學費 \$	= Total 合共 \$
<input type="checkbox"/> Cheque Payment 以支票付款 (Cheque 支票號碼 # _____) Please make your cheque payable to 支票抬頭請註明 ESF Educational Services Limited	
<input type="checkbox"/> Credit Card Payment 以信用卡付款 Amount to be charged 繳付款額 HK 港幣 \$ _____	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> JCB We do NOT accept American Express 我們不接受以美國運通卡付款。	
Credit Card No. 信用卡號碼	_____
Cardholder's Name 持卡人姓名 (BLOCK LETTERS 請以英文大楷填寫)	Contact Number 聯絡電話
Expiration Date 信用卡到期日 (mm/yy 月/年)	Cardholder's Signature 持卡人簽名

By signing, I hereby authorise ESF Educational Services Limited to charge the specified credit card account in the indicated amount on the specific dates. I promise to pay such total subject to and in accordance with the agreement governing the use of such card. 本人特此簽署及聲明授權予英基教育服務有限公司於指定日期從指定信用卡戶口收取以上所註明費用。本人同意支付以上註明的全數款項, 並受有關信用卡之使用條款及細則約束。

Section 5 – CONSENT DETAILS 同意書

In enrolling my child in ESF Educational Services Ltd. (ESL) classes, I agree that my child will abide by the rules and regulations set out in the policy section of www.esf.org.hk. I will not hold ESL responsible for any injury or damage to my child, myself, my family members or my property as a result of participation in ESL's programmes. 本人同意吾子女就讀英基教育服務有限公司 (英基) 之英語課程, 並願意遵從該公司於www.esf.org.hk《守則項》列出之規章及守則, 本人明白吾子女、本人、家庭成員在參加課程及活動中如有任何損傷或造成任何財務損失破壞, 英基概不須負責。

Signature of Contact Parent / Guardian 聯絡人/ 監護人簽署	Date 日期
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