

MINI PICHOUN

Playgroups 15 - 24 months



You are never too young to have fun at Mini Pichoun!

Nous accueillons les enfants âgés de 15 mois à 2 ans au sein des « Mini Pichouns » 2 à 5 fois par semaine. Chaque session est une occasion pour eux de se préparer à l'école. En effet, les activités proposées comprennent de l'art plastique, des jeux de motricité, de la lecture d'histoires...

Your child's first group experience - a great opportunity to interact with peers 2-5 times a week in French, English or Mandarin. Our wide range of fun and interactive activities is designed to improve your child's emotional, cognitive, physical development and social skills. Join us and get ready for preschool.

CLASS SIZE: 4-7 students with 1 teacher and 1 teaching assistant per class

TUITION FEE:

Number of Sessions per Week	4 to 5	3	2	1
Fees	\$300 per session	\$330 per session	\$380 per session	\$450 per session

*2-3 sessions per week is recommended

REGISTRATION FEE:

\$500 Mini Pichoun Only	\$2,950 Mini Pichoun and Preschool
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MINI PICHOUN REGISTRATION

OFFICE USE ONLY	Date of Registration Fees Received:	Date of First Day of School:	Date of Last Day of School:

ATTACH
PHOTO HERE

MINI PICHOUN PROGRAM					
CAMPUS	<input type="checkbox"/> Stanley	<input type="checkbox"/> Happy Valley	<input type="checkbox"/> Tseung Kwan O		
LANGUAGE	<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> Mandarin		
NO OF DAYS/ WEEK	<input type="checkbox"/> Five	<input type="checkbox"/> Four	<input type="checkbox"/> Three	<input type="checkbox"/> Two	<input type="checkbox"/> One

STUDENT INFORMATION	
Last Name:	First Name:
Date of Birth: <small>dd / mm / yy</small>	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Home address:	Nationality:
Mother tongue:	Home Phone Number:
	Other Language(s):

PARENT / GUARDIAN INFORMATION	
Name of Father:	Name of Mother:
Father's Mobile Number:	Mother's Mobile Number:
Father's Profession:	Mother's Profession:
Father's Office Number:	Mother's Office Number:
Father's Email Address:	Mother's Email Address:
Name of Guardian / Helper:	Guardian's / Helper's Mobile:

IN CASE OF EMERGENCY	
Name of Emergency Contact & Relationship: <small>(other than parents and helper)</small>	Emergency Contact Person's Mobile:

MEDICAL INFORMATION
Does the applicant have any allergies, prescribed medication, health or physical concerns? <input type="checkbox"/> No <input type="checkbox"/> Yes, please give details <i>(a medical certificate might be requested by the head of school):</i>

SIBLINGS

Name	Sex	Age	Present School	Grade Level
Have any of your child siblings attended Lou Pichoun in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Latest class and year attended: _____ Campus: _____				

PARENTAL CONSENT AND ACCEPTANCE

1. I declare that the information given in this registration form is true, complete and accurate.
2. I understand that only completed application with submission of registration fee will be processed.
3. Once a place is offered to my child, I will fully abide by and sign the following policies: financial policy, school rules, insurance and use of images.
4. I agree that in the event of a medical emergency, my child will be taken to the nearest public hospital.
5. I agree that when my child suffering from fever will stay away from school until total recovery; when he/she develops a fever during class, Lou Pichoun will be notify parents immediately to come and pick up my child as soon as possible. Any symptom such as a heavy cough, an ocular discharge, etc. could justify similar preventive measures.
6. I agree that a makeup class will only be offered with the submission of a medical certificate for leave of absence.
7. I give consent for Lou Pichoun to use the personal data provided on this form in order to process my child's application.
8. I give Lou Pichoun permission to use images of my child participating in school activities for Lou Pichoun website, social media pages and promotional materials.

FINANCIAL TERMS & CONDITIONS

1. Fees are non-refundable and non-transferrable.
2. Fees are calculated on a whole term basis and are due at the start of the said term.(every 3-month)
3. Fees include all necessary material.
4. Fees are subject to yearly revision.
5. There will be no refund in case of any missed session.

I agree and accept the above Parental Consent and Acceptance and Financial Terms & Conditions.

Parent's / Guardian's Signature:

Date:

PAYMENT INFORMATION

By Cheque - Please write your child name & class at the back of the cheque Please make cheque payable to: LOU PICHOUN LTD	By Bank Transfer Bank: HSBC Branch: Chai Wan Name: LOU PICHOUN LTD Account number: 046192456838 SWIFT CODE: HSBC HK HHH KH
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