

REGISTRATION FORM - Holiday Programme

(12th March - 15th March 2018)

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Parent's Contact No: _____

Add: _____

Allergies: _____

*I am interested in enrolling my child in the following holiday programme(s).
Places will be given on a first come first serve basis.*

Please tick the appropriate box(es) to indicate your interest in the programme.

Under the Big Top

Dates : 12th March - 15th March 2018

Time : 9am to 1pm

Fee : \$300

I hereby enclose cash / cheque of : \$ _____

Please make cheque payable to :
Bello Bambini Montessori Pte Ltd

Name & Signature of Parent

Date