

Bright Sparks Language & Learning

Please affix a recent photo of your child

Please complete all sections in CAPITALS and return this form together with your payment to either our office or the CWBS office.				
Which course are you applying for?		CWBS HOME LEARNING CLUB- TUESDAYS 3PM-4PM		
Child's surname	First name	Date of birth	M/F	
CWBS Class		Nationality		
Home address		Telephone numbers (Home/Work/Mobile or Other) 1 2 3		
Correspondence address (if different from above)		Emergency contact no. (must be available during session time)		
		Email (preferred method of communication)		
Does your child receive support from the CWBS SEN Dept.? If so, please give details (by confidential email if you prefer) as they will help with our support for your child.				
Does your child have any medical conditions?				
How will your child return home after the Home Learning Club?				
Please tell us how you heard about Bright Sparks Language & Learning.				
I enclose payment of \$.....Please make cheques payable to 'Bright Sparks Limited'. (8 sessions x \$190 = \$1520, pro rata for late enrolment only)			Do you require a receipt? Yes/No	
Parent's name:		Parent's signature:		Date:
Unfortunately places are limited and so will be offered on a strictly first come, first served basis.				
Severe weather warning arrangements: please refer to our website for further details.				
Office use only:	Recd.	St. no.	Cheque no.	Other

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Teaching Space: C/o Feeling First Ltd., Room 1401, Lap Fai Building, 6-8 Pottinger St., Central

Registered Office: G/F-1/F, 263B, Sheung Sze Wan Village, Clearwater Bay, New Territories

Tel: 2536 0944 Fax: 2536 0955 Email: enquiry@brightsparks.com.hk

www.brightsparks.com.hk