

PROGRAM ENROLMENT FORM B

For Official Use:

Program Title:

Commencement Date/Venue: Details will be informed upon confirmation of enrolment.

Parent's Particulars

Name (Mr/Mrs/Miss/Mdm/Dr): _____ Sex: F / M

Nationality: _____ NRIC/Passport No: _____

Contact No: _____ (Office) _____ (Handphone)

Fax No: _____ Email Address: _____

Mailing Address: _____ Postal Code: _____

Child's Particulars

Name of Child: _____ Sex: F / M

Name of school: _____ Level: _____

Nationality: _____ Date of Birth: _____ BC No: _____

Contact person and phone (in case of emergency): _____

Mailing Address (if different from above) : _____

Terms and Conditions

1. LEARNING SPARKS EDUCATIONAL SERVICES reserves the right to cancel or postpone the course due to unforeseen circumstances.
2. Applicants are required to pay up the required course fee before course commencement date.
3. The full fee will be charged for withdrawals after the commencement of the course.
4. Terms of service apply (see details published in the website).
5. Payment Details:
 - I. Please issue a crossed cheque drawn on Singapore Bank or by bank draft.
 - II. All payments must be prepaid in Singapore dollars and made payable to: "Learning Sparks Educational Services".
 - III. All payments should be sent to:
P.O. Box 120, Choa Chu Kang Central Post Office, Singapore 916834.