



1/F, 25 Tung Lo Wan Road, Causeway Bay, Hong Kong Website: www.masspreschool.com
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APPLICATION FORM FOR ENGLISH MASSTERS CLASS

Child's Personal Particulars

*Please complete in BLOCK LETTERS

English Name: _____ (Surname) _____ (Given name)	Please attach a photo here
Chinese Name: _____ Date of Birth: _____	
Home Tel. No: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address: _____	
Language Spoken at home: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> others: _____	
Any food allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify) _____	

Parents' Information

	Father / Mother / Guardian	Emergency Contact Person
Name		
Relationship		
Daytime Contact No.		
Email		

Please select the programme that you wish to enrol:

Schedule (2:30pm – 4:30pm)	Monthly Fee
<input type="checkbox"/> Monday to Friday	\$4,200
<input type="checkbox"/> Monday, Wednesday and Friday	\$3,200
<input type="checkbox"/> Tuesday and Thursday	\$2,200
Expected Start Date : _____	

Signature of Parent / Guardian: _____

Date: _____

For Office Use