

E-SMART LEARNING CENTRE - Registration Form

Address: Shop 166B Level 5 Sceneway Plaza Lam Tin Kowloon Tel: 23407880 Fax: 23409779
E-mail: info@esmarthk.com

Name of Student (in English) _____ Name in Chinese 中文姓名 _____

Date of Birth 出生日期 _____ School & Class 學校及年級 _____

Home Tel No. 住宅電話 _____ Mobile Tel No. 手提電話 _____

Father's Name 父親姓名 _____ Contact Tel No. 聯絡電話 _____

Mother's Name 母親姓名 _____ Contact Tel No. 聯絡電話 _____

Address 住址 _____

E-mail Address 電郵 _____

Emergency Contact 緊急聯絡

Tel 電話 _____

Name 姓名 _____

Relationship 與學生關係 _____

Have your child studied at E-smart before? If yes, please provide date and course details

你的小朋友曾否在本校就讀? 如有, 請列明就讀時間及班級

I would like to enrol my child in (Course name) 欲報讀課程 _____

Parent's Name 家長姓名 _____

Signature 簽署 _____

Date 日期 _____

Available Time (Please list all available time slots): 請填寫學生可以上課時間

	Mon	Tue	Wed	Thur	Fri		Sat
9:30 am – 10:30 am						9:00 am – 10:00 am	
10:30 am – 11:30 am						10:00 am – 11:00 am	
11:30 am – 12:30 pm						11:00 am – 12:00 noon	
12:30 pm – 1:30 pm						12:00 noon – 1:00 pm	
1:30 pm – 2:30 pm						1:00 pm – 2:00 pm	
2:30 pm – 3:30 pm						2:00 pm – 3:00 pm	
3:30 pm – 4:30 pm						3:00 pm – 4:00 pm	
4:30 pm – 5:30 pm						4:00 pm – 5:00 pm	
5:30 pm – 6:30 pm						5:00 pm – 6:00 pm	
6:30 pm – 7:30 pm							