

Child's Personal Details:

Child's Name and Surname: ______
Date of Birth: ______
Attending School: ______

Medical conditions and or Special Education needs that the school should take note of:

Parent/ Guardian Details:

Name and Surname of Parent/ Guardian: _____

Address: _____

Telephone No:		
---------------	--	--

Mob No: _____

E-mail Address: _____

Programme Options: (Please tick (\checkmark) the preferred box)

BASIC PACKAGE		5-Day	3-Day	2-Day
9:00am - 13:00 pm 9 Jul - 1 Aug or 2 Aug - 31 Aug	Half	€305 □	€255 □	€210 🗆
9:00am - 13:00 pm 9th July till the 31st August excluding week 13-17 August	Full	€495 □	€ 395 □	€ 300 □
Plus Package A (Early Drop Off from 7:30am)	Half	€395 □	€315 🗆	€260 □
Plus Package A (Early Drop Off from 7:30am)	Full	€650 □	€485 🗆	€370 □
Plus Package B (Late Pick Up till 2:30pm)	Half	€300 □	€315 🗆	€260 □
Plus Package B (Late Pick Up till 2:30pm)	Full	€650 □	€485 🗆	€370 □
Plus Package C (Early Drop Off + Late Pick Up)	Half	€425 🗆	€345 🗆	€280 □
Plus Package C (Early Drop Off + Late Pick Up)	Full	€690 □	€515 🗆	€390 □

5-Day Monday to Friday / 3-Day Mon-Wed-Fri / 2-Day Tue-Thu

In case you opted for Half Programme please specify: Half Programme A

Half Programme B

The Awesome Summer Sessions may at times take photos of children during the sessions. Photos will be used for promotional purposes and on social media. You are required to tick the appropriate box to give permission for your child's image/s to be used accordingly.

9th July till 1st August

YES	NO

Parent's Signature



Date

Who collects your child from school?

He/She is collected by:*	Name:	ID Card:
	Name:	ID Card:
	Name:	ID Card:

Attach Scanned Copy of ID Card(s) of each person responsible for collection

* Should anyone other than the person/s indicated above are to collect your child we would need to be informed in writing beforehand.

Payment Type

Bank Transfer

Name: Integrated Marketing Services Ltd

BANK: BOV plc

Account number: 40015773227

IBAN: MT19VALL2201300000040015773227

Please quote "**Awesome Summer Sessions**" together with the full name and email address of the participant wishing to attend in the transaction narrative. Together with a copy of your application form.

Integrated Marketing Services Ltd

2, Triq I-Ispiera,

Swieqi SWQ3083

Cheque

Please write out cheque in the name of IMS Ltd and together with a copy of your application form,

send to:

Integrated Marketing Services Ltd

2, Triq I-Ispiera,

Swieqi SWQ3083

<u>Applications are on a first come first serve basis upon full payment. Once payment is received a</u> <u>confirmation email would be sent. For any special requests please email us at awesome@imsmalta.com</u>

