



The Awesome Summer Sessions

Registration Form

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: _____

ID No: _____

Address: _____

Telephone No: _____

Mob No: _____

E-mail Address: _____

Programme Options: (Please tick (✓) the preferred box)

	5 day	3 day	2 day
	Monday to Friday	Mon, Wed + Fri	Tues + Thurs
1 week Basic Package Standard Time from 9:00am till 13:00pm	€ 100 <input type="checkbox"/>	€ 75 <input type="checkbox"/>	€ 60 <input type="checkbox"/>
2 week Basic Package Standard Time from 9:00am till 13:00pm	€ 180 <input type="checkbox"/>	€ 140 <input type="checkbox"/>	€ 115 <input type="checkbox"/>
4 week Basic Package Standard Time from 9:00am till 13:00pm	€ 350 <input type="checkbox"/>	€ 270 <input type="checkbox"/>	€ 220 <input type="checkbox"/>
1 week Plus Package A Early Drop Off from 7:30am	Not available		€ 80 <input type="checkbox"/>
2 week Plus Package A Early Drop Off from 7:30am	Not available		€ 140 <input type="checkbox"/>
4 week Plus Package A Early Drop Off from 7:30am	Not available		€ 250 <input type="checkbox"/>

	Basic Package Standard Time from 9:00am till 13:00pm	Plus Package A Early Drop Off from 7:30am
Single Day	€ 35 <input type="checkbox"/>	€ 45 <input type="checkbox"/>

Please circle required dates:

July

Su	M	Tu	W	Th	F	Sa
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
19	20	21	22	23	24	25
26	27	28	29	30	31	

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 kindly requested to tick the appropriate box to give permission for your child's image/s to be used accordingly.

☐

YES

☐

NO

Parent's Signature

Date



www.imsmalta.com

Phone: 2134 5102 / 7946 3669

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: MT19VALL22013000000040015773227

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

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



www.imsmalta.com

Phone: 2134 5102 / 7946 3669