

Child's Personal Details:

Child's Name and Surname:	
Date of Birth:	
Attending School:	
Medical conditions and or Special Education	
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)

	3 day	2 day
	Tues, Wed + Thurs	Tues + Thurs
1 week Basic Package Standard Time from 9:00am till 13:00pm	€ 60 □	€ 40□
2 week Basic Package Standard Time from 9:00am till 13:00pm	€ 110 □	€ 75 □
3 week Basic Package Standard Time from 9:00am till 13:00pm	€ 150 □	€ 105 □
1 week Plus Package A Early Drop Off from 7:30am	€ 90 □	€ 60 □
2 week Plus Package A Early Drop Off from 7:30am	€ 150 □	€ 100 □
3 week Plus Package A Early Drop Off from 7:30am	€ 210 □	€ 140 □
	Basic Package Standard Time from 9:00am till 13:00pm	Plus Package A Early Drop Off from 7:30am
Single Day	€25□	€35 □

Please circle your requested weeks:

Week 1: Week beginning 3rd September 2018

Week 2: Week beginning 10th September 2018

Week 3: Week beginning 17th September 2018

The Awesome Summer	Sessions	s may at times take pr	notos of children during the
sessions. Photos will be	used for p	oromotional purposes a	nd on social media. You are
kindly requested to tick th	ne approp	riate box to give permis	sion for your child's image/s
to be used accordingly.			
YES	NO		
Parent's Signature			Date
IMS IMS		www.imsmalta.com	Phone: 2134 5102 / 7946 3669
Who collects your c	hild fro	m school?	
He/She is collected by:*	Name:		ID Card:
	Name:		ID Card:
Name:		ID Card:	-
Attach Scanned Copy of ID Ca	ard(s) of ea	ch person responsible for co	ollection

^{*} 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