

Chiswick House School - 2018/19

REGISTRATION FORM**Child's Personal Details:**

Child's Name and Surname: _____

Date of Birth (dd/mm/yy): ____/____/____ School Level: _____

Medical conditions and / or Special Education needs that we need to be aware of:

Parent / Guardian Details:

Name and Surname of Parent / Guardian/s:

ID No: _____

Address: _____

Telephone No: _____ Mob No: _____

E-mail Address: _____

Programme Options:

<u>Term 3</u> *April 30 th *May 7 th , 14 th , 21 st , 28 th **June 4 th , 11 th , 18 th *2:30pm – 4:00pm **1:00pm to 2:00pm	€ 100 <input type="checkbox"/>
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The **Awesome Afterschool STEM Sessions** may occasionally take photos of children during the sessions 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

Payment Type:

Bank Transfer ☐

Name: Integrated Marketing Services Ltd

BANK: BOV plc

Account number: 40015773227

IBAN: MT19VALL22013000000040015773227

Please quote "**Awesome STEM Sessions**" together with the full name and email address of the participant wishing to attend in the transaction narrative.

Kindly post or email a signed copy of your application form to...

**Awesome STEM Sessions
IMS Ltd,
2, Triq I-Ispiera,
Swieqi SWQ3083**

...or send by Email: **info@imsmalta.com**

Cheque ☐

Please write out cheque in the name of **IMS Ltd** and **send together with a copy of your completed and signed application form to:**

**Awesome STEM Sessions
IMS 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