

## REGISTRATION FORM

Full Name (Mr/Miss/Mrs/Mdm*):		Relationship with child:
Email Add:	Contact (Home / HP):	Nationality:
Address:		

### Registering Child's Particulars

Full Name:	Gender: Male / Female
Date of Birth:	Age:
Medical History (e.g. Asthma, Allergy):	Languages spoken at home:

How did you get to know us?

- |   |  |
|---|--|
| <input type="checkbox"/> Email                      | <input type="checkbox"/> Friends / Relatives |
| <input type="checkbox"/> Poster / Brochures         | <input type="checkbox"/> Website / Facebook  |
| <input type="checkbox"/> Others (pls specify _____) |  |

Do you agree to receive the latest news and promotions from Cognitive Whizz? This includes updates on Holiday Programs, useful learning resources, and special promotions, etc.

- Yes                       No

**Yes, I would like my child to participate in “A Science Escapade!” during**

- 6 – 9 Jun 2017                       13 – 16 Jun 2017                       20 – 23 Jun 2017

I certify that the above details are, to the best of my knowledge, true and correct. I have read, understood, and agreed to the terms & conditions, and indemnity clauses stated in this form.

\_\_\_\_\_  
**Legal Guardian's Signature**

\_\_\_\_\_  
**Date (dd/mm/yy)**

- PIs attn cheque to: Cognitive Whizz Pte. Ltd.
- For funds transfers, pls remit to: DBS current account 003-942274-1

<b>For Official Use:</b>	<b>Cash / Cheque No.</b>
	<b>Received by:</b>

# REGISTRATION FORM

## Terms & Conditions

### Payment of Fees

- Full payment of fees is required before the start of the holiday program to confirm a place for your child.
- Payment made is non-refundable.
- No refund nor make-up will be given for any absence or cancellation, except at the joint discretion of Cognitive Whizz Pte. Ltd. ("Cognitive Whizz") and BrainFit Studio Pte Ltd ("BrainFit").

### Medical Conditions

- During registration, parents / guardians are advised to indicate if their child has any allergies, medical conditions, developmental and / or behavioral issues. This helps us to fully understand the needs of your child. Please make full and truthful declaration, as any non-disclosure of information may result at some stage in the teacher determining that your child is not suitable for the program. Should this be the case, we reserve the right to advise your child's participation and withdrawal.

### Testimonials

- In the event that we receive a testimonial from you with regard to the teacher and / or the holiday program, we will be obliged to use this, or part thereof, in various online and printed platforms for other promotional purposes.

### Indemnity

- Cognitive Whizz and BrainFit will exercise due care and safety at all times. It is acknowledged that parents / guardians agree to hold the staff of Cognitive Whizz and BrainFit ("organizers") harmless, should the child be hurt or injured as a result of the child's participation in the program, except for proven sole negligence of the organizers.

Cognitive Whizz and BrainFit reserve the right to postpone or change the date of the program, due to unforeseen circumstances beyond our control. We also reserve the right to amend any of the above Terms & Conditions from time to time as deemed appropriate.