

Pui Tak Christian School
After School Enrichment Program
Fall 2024 Registration Form

Student Name (學生姓名): _____ Grade (年級): _____

PTCS Student: Yes _____ No _____ If No, School Student Attends: _____

Address (地址): _____

Father's Name (父親姓名): _____

Mother's Name (母親姓名): _____

Email Address(電郵): _____

Phone Number(電話): _____

Other Authorized Pick-up People (其他接送人姓名): _____

Enrichment Class 興趣班

Subject 1: _____

Subject 2: _____

Subject 3 (waiting list): _____

Office Use Only

Total Classes: _____ Total Cost: _____

Received Date: _____ Amount Paid: _____

Check Number: _____ Received By: _____