



**British International and Montessori Education  
Extended Curricular Activities Registration Form**

**Name of Activity:** .....

**Student Info**

Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

**Parent/Guardian info**

(1) Name \_\_\_\_\_

(2) Name \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

**Health info**

Please state if your child has any medical condition

\_\_\_\_\_  
\_\_\_\_\_

**Please tick the months you are registering for:**

January  February  March  April  May  June

**Club Fee: Le200,000 per month**

**Permission for photographs/Video recording:**

Photographs/video recording may be taken of your son/daughter during some sessions. These photographs/video recording may be used for promotional purposes by the school or organizer of the Extended Curricular Activity.

Do you permit photograph/video recordings to be taken and used as described above?

Yes

No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_