



**STUDENT INFORMATION:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ LEVEL: \_\_\_\_\_

**PARENT INFORMATION:**

NAME: \_\_\_\_\_ MOBILE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
EMAIL ADD: \_\_\_\_\_ HOME #: \_\_\_\_\_

**THE MIND PLANET SERVICES**

TUTORIAL

**Specific Subjects:**

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

**Specific Time:**

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

PLAY GROUP

**Schedule (Check Box)**

9:00 AM - 11:00 AM   
11:30 AM - 1:30 PM   
2:00 PM - 4:00 PM

**Duration**

1 Month   
2 Months   
3 Months   
Continual

WORKSHOP

**Specific Workshop:**

\_\_\_\_\_

**Schedule (Check Box)**

9:00 AM - 10:00 AM   
10:30 AM - 11:30 AM   
2:00 PM - 3:00 PM   
3:30 PM - 4:30 PM

**Duration**

M-W-F   
T-TH-S

\_\_\_\_\_  
Parent / Guardian Signature over Printed Name

\_\_\_\_\_  
Date

**TO BE FILLED UP BY TMP:**

Registration Date: \_\_\_\_\_  
Mode of Payment: \_\_\_\_\_  
FULL: \_\_\_\_\_ WEEKLY: \_\_\_\_\_  
MONTHLY: \_\_\_\_\_ OTHERS: \_\_\_\_\_

Time: \_\_\_\_\_  
CHECK: \_\_\_\_\_  
DETAILS \_\_\_\_\_

NOTES:

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\_\_\_\_\_  
TMP SIGNATURE

