



University for Children

APPLICATION AND AGREEMENT FORM

Please read and fill in this form carefully. Use **BLACK INK** as this form may be photocopied.

1 – PERSONAL DETAILS

Child's Name: _____ Age: _____

Date of Birth: _____ Boy Girl Nationality: _____

School: _____ Year Group: _____

Address for Correspondence: _____

Telephone No: _____ Emergency Contact No: _____

Which module would you like to apply for? (*See the term brochure*)

1st Choice: _____ 2nd Choice: _____

Have you taken part in any other University for Children modules before? If yes, please specify.

2 – MEDICAL HISTORY

Does your child have any medical condition that we should be aware of? **Yes / No** . If 'Yes' please give details:

Is your child on medication? **Yes / No** . If 'Yes' please give details:

3 – GENERAL INFORMATION

1. There are limited places in all modules. Every effort will be made to accommodate your child's first choice of module. However, it may be necessary to place your child in the module of her/his second choice.
2. Modules will be run at different schools. (*Please read the term brochure*)
3. We give opportunity on first-come-first-served basis.
4. Children who have participated in previous terms will be given priority.
5. There is a total cost of B\$ 18 to cover for all six sessions. Your child must bring the money on the first day of the module.
6. Transportation to and from the venue of study is a parental responsibility.
7. Sessions begin at **3:15 pm** and end at **4: 40 pm**. Children should be dropped off and picked up

on time.

8. If your child has any medical condition, please mention it clearly in the application form.
9. Make sure that your child attends all the sessions.
10. Good behaviour is expected at all times to ensure pleasant and enjoyable experience for all.
11. The majority of learning materials will be provided by University for Children. However, there may be an occasion when parents are requested to provide additional resources.
12. Children will be presented their certificates at a Graduation Ceremony held annually.

4 – PARENTAL AGREEMENT

I have read the information provided above and I understand that University for Children is a community based project which aims to promote community cohesion as well as provide opportunities to children from various schools in Belait district to learn in a culturally diverse setting. If my child _____ (*child's name*) is given an opportunity to participate in one of the modules this term, I will ensure that he/she attends all the six sessions of the module.

Name of Parent/ Guardian: _____ Signature: _____
Relationship to the child: _____ Date: _____

I give permission for any photographs that may be taken of my child during the University for Children course to be used for non-commercial educational or promotional purposes.

Name of Parent/ Guardian: _____ Signature: _____
Relationship to the child: _____ Date: _____

5 – CHILD AGREEMENT

If I am given an opportunity to participate in a University for Children module, I will try my best to attend all the six sessions of the module and I promise that I shall be well-behaved during my lessons.

Child's Name: _____ Child's Signature: _____
Date: _____

For Further Details Contact:

University for Children
Hornbill School
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