



PLAY . ENJOY . ACHIEVE . STRONG .

No.5, SS19/2, Subang Jaya, 47500 Selangor

Tel: 03-5621 6232, 6332

Email: wittypeas@gmail.com

INQUIRY FORM

2 Years Old

3 Years Old

4 Years Old

Date: _____

Child's Information

Child's Name: _____ Sex: F / M

Program Interested: _____ Language Spoken: _____

Date of Birth: _____ Age: _____

Mother's Name: _____ Contact No: _____

Father's Name: _____ Contact No: _____

Address: _____

Email Adress: _____

Has the child previously attended any school? _____

Who presently takes care of the child at home? _____

How do you hear about us? Facebook Walk In

Friends Others: _____

For Office Use Only:

Counsellor's Feedback: _____

Follow up to be done on: _____

Follow up remarks: _____

Attended by: _____ Signature: _____

PLAY . ENJOY . ACHIEVE . STRONG .