This Centre is wholly operated by:

Practices at home for your child : Yes No

Gym=L Uniforn=XL



Signed By:

Key Operator / Principal

Please affix	
arecent	
photograph	
of your child.	
Centre Copy	

Time certic stamp		11661	L6
STUDENT'S DETAILS	lodes the Land news of the se	a country season in oil of	Centre Copy
Full Name:	241 YOU 序本、本此	Age:	Gender:
Correspondence Tel No. :	016-317668	Date of Birth : _	Gender:
Correspondence Email:	ssed for Beamind Hub Activation)		ther:
Correspondence Address :	Frank in (HB) residue in the		
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Nationality :		y:Ethr	
Contact person for Emergency		Relationship :	
MEDICAL DETAILS	,	Print III to her return materials	- cost like to a dantesca testorer il in
	Healt	h Status. Speech delay?	Alloraios
Contact Number	Address :	h Status: Speech delay?	Allergies .
		ne teacher's attention, please specify in writing	a to the Centre
			g to the centre.
	TRANSPORTATION SERVICES ? Yes		
Pick Up Address :		Drop off Address :	
PERSONAL DETAILS	Father	Mother	Guardian (Relationship:)
Name	TAN JHA FUAN	MW CHAI SHIA.	buck rim
NRIC/Passport	Formation Residence	r 199") att Scaling in Sec. (1510).	. RESERVED AND A LONG SECTION
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Occupation/Designation			
Company Name & Address	185 874 18 1-455 4	and the second s	3.0 15.15.15.15.15.15.15.15.15.15.15.15.15.1
HOW DID YOU FIND OUT ABO	OUT Q-DEES?		
Buntings/Bar	nners Billboards	Website Press Ad :	
YouTube Events	Word of Mouth	Facebook Others :	Transfer a "Septital Salar
REGISTRATION AUTHORISAT	TION		
I understand and agree that all reasonable responsible for any mishaps which may occu	care will be taken to ensure my child's safety and shall or in the Centre or any activities in/out of the Centre. I ag	not hold the Centre directors, shareholders and associates of C ree with the attached General Terms And Conditions of Enrolme	Q-dees or any subsidiaries or associate or related compan nt and to observe the rules and regulations set by the Cent
		able, for whatsoever reason, to contact me, or while awaiting my ical practitioner or hospital. I hereby agree not to hold the Cen	
administered to my child and further agree t	to bear all medical expenses.	privacy.htm) and agree to the processing of my personal information	
I would also like to receive direct marketing	materials from the Q-dees Group of Companies includin	g future events, promotions, updates and any other marketing a	
Signature of parent/guardian	Name: Lun	clari dison	Date:
ALL PAYMENT MUST BE ACCO	MPANIED BY RECEIPTS. All fees paid a	are non-refundable and non-transferable.	recurs (ff.)) - into subtact Depathova:
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Commencement :	(dd/mm/yy)	The Millian Company of the Company o	Balance Payment :
Fliptec@Q with Mandarin: Yes	No No	Enclosed: i. A copy of Birth Certificate & MyKid	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	MAND ART	ii. 4 passport sized photo	



Beamind Programme

: ENG

Practices at home for your child : Yes No No

MAND ART

Gym=1 Uniforn=XI



Please affix a recent photograph of your child.

Affix Centre Stamp		116616	S asserted as transfer the second
STUDENT'S DETAILS		la kranif přanadovít apheda oz digit kitras	Centre Accounts Cop
Full Name : TXM 2	2111 YOU 序本亦上為016.34時668		Gender:
Correspondence Tel No. :	016-34-1968	Date of Birth :	
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MyKid/Passport : 1(1012 -	10 DAII Postcode:	State	propries practical as a construction of the co
Nationality :	Country:	CONTRACTOR AND THE STATE OF STREET	ity :
Contact person for Emergency		Relationship :	
MEDICAL DETAILS			eren la responsa de la como de la
Physician's Name :	Health Statu	us. Should dolo 12 All	erales + 1000 tales and any or other
Contact Number :	Address :	us: Specil délay? Alle	ergies .
The boundary and the same	alth or medical condition that needs the teac	cher's attention, please specify in writing to	o the Centre
	TRANSPORTATION SERVICES ? Yes	No ?	o the centre.
Pick Up Address :	TRANSFORMATION SERVICES : 103	Drop off Address :	
	7		
PERSONAL DETAILS	Father	Mother	Guardian (Relationship:)
Name	TAN JIA YUAN	MIX CHXI SHIA.	BUK! FIM
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Buntings/Bani 'ouTube Events		press Ad :book Others :	salbunda esterneperatus colos servicios de en politica este antiminación servicios de la en politica este antiminación servicios de la entre este antiminación de la colos
REGISTRATION AUTHORISAT	ION /		
understand and agree that all reasonable c	are will be taken to ensure my child's safety and shall not hold	d the Centre directors, shareholders and associates of Q-de	ees or any subsidiaries or associate or related companies
n the event of any medical emergency such	r in the Centre or any activities in/out of the Centre. I agree with as asthma and epilepsy attacks where the Centre is unable, for v	whatsoever reason, to contact me, or while awaiting my arri	ival or the arrival of the medical practitioner of my choice
dministered to my child and further agree to	cal attention from the nearest available qualified medical pract o bear all medical expenses.	titioner or hospital. I hereby agree not to hold the Centre	or its staff responsible for any and all medical treatment
have read the Personal Data Protection Noti- vith the Notice.	ce ("Notice") (also posted on : http://www.q-dees.com/privacy.h	ntm) and agree to the processing of my personal information	n and the personal information of my child in accordance
would also like to receive direct marketing n	naterials from the Q-dees Group of Companies including future	events, promotions, updates and any other marketing activi	ities.
	Name: Irun da	re show	Date:
Signature of parent/guardian			Date
	MPANIED BY RECEIPTS. All fees paid are no	n-refundable and non-transferable.	A CONTRACTOR OF THE PROPERTY O
FOR OFFICE USE ONLY	sale done to more descriptions	Branches of the section of the countries of the	Service Servic
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Class :	Cash/Chq.No :		eceipt No : 100 H
commencement .	(dd/mm/yy)	Enclosed:	and the fayine it .
Fliptec@Q with Mandarin: Yes (No see	i. A copy of Birth Certificate & MyKid	

ii. 4 passport sized photo

Signed By:

Key Operator / Principal

TADIKA ELIT PRESTIJ

3, Jalan 2/4, Taman Sri Jaromas, 42600 Jenjarom, Kuala Langat.

Contact: 016-969 0686

Class: EDP / QF-1 / QF-2 / QF-3



CONSENT FORM: PHOTOGRAPHY/VIDEO/SOCIAL NETWORKING

1, <u>Lim Char Shia</u> , (IC no.) <u>\$3096.10.5336</u> , the parent
ー フェーマン トereby give consent to Q-dees Worldwi
Edusystems (M) Sdn Bhd / Tadika Elit Prestij and/or it's centre(s) and/or its assignees, the irrevocable right
use my or child's name (or any fictional name), pictures, photographs, voice, opinions or testimonials in a
form, media and manner, for example in social networking websites, for advertising, or any other laws
purposes, and I waive any rights to inspect or approve the finished version(s), including the written copy th
may be created in connection therewith.
Q-dees Worldwide Edusystems (M) Sdn Bhd and/or its centre(s) and/or its assignees shall have the right photograph, publish, edit, reproduce or otherwise use my and/or my child's image, voice, opinions
testimonials in connection with any product or service in all markets, media or technology now known
hereafter developed.
I renounce all present and future claims for remuneration/ compensation/ damages as a result of thereof ar
understand that the intellectual property of these works remain solely with Q-dees Worldwide Edusyster
(M) Sdn Bhd and/or its centre(s) and/or its assignees.
Signature:
Date :

Disclaimer

This irrevocable rights and/or consent provided here shall be taken as in good faith and shall be considered as confidential and/or privileged material to Q-dees Worldwide Edusystems (M) Sdn Bhd (hereinafter referred to as 'Q-dees'). Q-dees take no responsibility whatsoever and shall not be liable to the parents and/or anyone else for any iosses and/or damages suffered as a result of or in connection with the use of the information and/or material or any of its content and/or as to the accuracy or currency of information. No further claim shall be made against Q-dees for any negligence arising out from the unauthorised access and/or reliance of the information and/or material including text and/or images in this consent form.