



# Summer Workshop Schedule

School Year 20\_\_

31 Gen. Capinpin St.,  
San Antonio Village,  
Pasig City 1605

634-2335

NO. \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Pay Ref: \_\_\_\_\_

Workshop: \_\_\_\_\_ Amount: \_\_\_\_\_

No. of Hours/ Session: \_\_\_\_\_ Total. No. of Sessions: \_\_\_\_\_

Time Slot: \_\_\_\_\_ Teacher: \_\_\_\_\_

Your Child's Workshop will **begin on:** \_\_\_\_\_ **end on:** \_\_\_\_\_

**Pls note the following schedule for your child:**

No.	Date	Day	Parent's/ Guardian's Sign.		Teacher's Sign.
			Time In	Time Out	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

*I have noted the above schedule agree to abide by it.  
I certify that my child is healthy and fit to regularly attend the workshop sessions.*

\_\_\_\_\_ Date

\_\_\_\_\_ Signature above printed name

Copy for Parent



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