

Open  House

**Saturday and Sunday,
December 5 and 6**



Come visit us
at the opening
of our new
TweedleWink school
at Neo Damansara

10:00 a.m. to 3:00 p.m.

TweedleWink Right Brain Education

B-2-01, Neo Damansara

Jalan PJU 8/1

Bandar Damansara Perdana

47820 Petaling Jaya, Selangor

Tel: 012-265 6018



TweedleWink™ Right Brain Education

...where learning begins with a hug.

Early bird Registration discount



First 50
students
at each location:

- Neo Damansara
- Puchong
- Klang

	Regular cost	Early bird discount
Weekday sessions	RM 1080	RM 990
Weekend sessions	RM 1200	RM 1080

With your child's completed enrollment, you get these **welcome gifts**:

- ✓ Our newly published book, "Right Brain Education: Changing the World, One Heart at a Time" (a RM 50 value)
- ✓ A TweedleWink Introductory DVD (a RM 75 value)
- ✓ A TweedleWink T-shirt (a RM 30 value)
- ✓ A 2010 calendar (a RM 25 value)
- ✓ A TweedleWink school bag (a RM 20 value)

Total value of gifts: RM 200

How to register at Neo Damansara

1. Fill out the registration form.
2. Choose the class session time.
(Circle your choice on the back of the registration form.)
3. Determine your payment:

Session type	Term tuition fee	Registration fee	Deposit	Startup amount
WEEKDAY	990	+ 300	+ 300	= 1590
WEEKEND	1080	+ 300	+ 300	= 1680

4. Write your check payable to *Right Brain Kids Sdn Bhd*.
5. Return your completed and signed registration form with your check to our school's location by post or in person:

TweedleWink Right Brain Education
 B-2-01, Neo Damansara
 Jalan PJU 8/1
 Bandar Damansara Perdana
 47820 Petaling Jaya, Selangor
Tel: 012-265 6018

If you have any questions, call us at **012-265 6018**

How to register at our other locations

Call each school for schedules and more information:

Puchong: 012-380-1223 Klang: 017-255-2422

Check the location: Neo Damansara
 Puchong Klang

CHILD INFORMATION

Please fill-out this form completely, and print clearly

Child's last name		Child's first name		Child's name as commonly addressed		<input type="checkbox"/> Boy	
						<input type="checkbox"/> Girl	
Child's date of birth	____/____/____ Day Month Year	Child's age as of the date of this application	____, ____ Years Months	Which of the following religious holidays do you observe? (For our school planning purposes)	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu
					<input type="checkbox"/> Moslem	<input type="checkbox"/> Other _____	

FAMILY INFORMATION

Family home address							
City		State		Post code		Family home telephone number _____	
						<input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
Father's name (or name of legal guardian)				Father's I/C #		Name of father's employer (or type of profession, if self-employed)	
Father's work telephone number _____			Father's email address (one that is regularly checked)				
Mother's name (or name of legal guardian)				Mother's I/C #		Name of mother's employer (or type of profession, if self-employed)	
Mother's work telephone number _____			Mother's email address (one that is regularly checked)				
Sibling's name				This sibling's date of birth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
				____/____/____ Day Month Year			
Sibling's name				This sibling's date of birth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
				____/____/____ Day Month Year			
Sibling's name				This sibling's date of birth		<input type="checkbox"/> Boy <input type="checkbox"/> Girl	
				____/____/____ Day Month Year			
Emergency contact name (alternate) if either parent cannot be reached				Emergency contact telephone number _____			

BACKGROUND INFORMATION

What is your child's principal spoken language?				What (if any) other languages are spoken at home?			
Does your child have any specific allergies or food restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what allergies, or what kind of food restrictions?			
Does your child have any physical limitations?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what kind of physical limitations?			
How would you describe your child's birthing process?		<input type="checkbox"/> Normal <input type="checkbox"/> Difficult		<input type="checkbox"/> Premature <input type="checkbox"/> Caesarean		<input type="checkbox"/> Other:	
What previous school programs has your child attended? (If any, please indicate.)							

FOR OFFICE USE ONLY

Tuition fees received		<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 4		Amount: RM _____ Date rcv'd: _____		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit card		Receipt number _____		Comments _____	
Deposit fees received		Amount: RM _____ Date rcv'd: _____		<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit card		Receipt number _____		Registration fees received		Amount: RM _____ Date rcv'd: _____	
Welcome materials given		<input type="checkbox"/> Handbook <input type="checkbox"/> DVD <input type="checkbox"/> Bag		<input type="checkbox"/> T-shirt <input type="checkbox"/> Book <input type="checkbox"/> _____		Class assigned _____ Day _____ Time _____		Classroom _____		Teacher in charge _____	

REFERENCE CHART TO HELP YOU SELECT A PROGRAM

Program	Characteristics of your child	
Newborn / Infant	Newborn	<ul style="list-style-type: none"> • Dependent upon mother • Highly sensitive to emotional and physical environment • Developing outer senses • Brain developing quickly — absorbing all information • Preparing for mobility
	Infant	<ul style="list-style-type: none"> • Developing fine and gross motor skills — actively mobile! • Imitating sounds and actions • Beginning independence-curious about environment and eager to explore • Building communication skills
Toddler		<ul style="list-style-type: none"> • Moving and communicating • Craving exploration and independence • Responds to instructions • Matching ability • Able to hold a pencil • Has limited ability to focus (up to 15 minutes) • Enjoys pretend play
Preschool A		<ul style="list-style-type: none"> • Speaks and understand well • Beginning counting • Beginning to read letters using basic phonic sounds • Draw shapes, pictures • Focus time up to 20 minutes • Sequencing/classifying
Preschool B		<ul style="list-style-type: none"> • Read letters (and words) • Understands basic math concepts (add/subtract) • Organizes material mentally (match/sequence/classify) • Expresses imagination • Expresses independent ideas • Focus time up to 30 minutes

CURRENT FEES (FOR TERM 1, 2010)

Tuition fee (12 lessons)	Weekday sessions	RM 1080
	Weekend sessions	RM 1200
Registration fee <i>(due when this application is submitted; non-refundable)</i>		RM 300
Deposit <i>(refundable)</i>		RM 300

TERMS AND CONDITIONS

Registration fee. A non-refundable registration fee of RM 300 per student is due at the time that this registration form is submitted.

School term. One school term is 12 classes within three months.

Term tuition payment deadline. The full amount of tuition fees are due at least 21 days before the start of a new term. Late payments received after the deadline date will be charged a late fee of RM 50 per week.

Withdrawal notice. In the event you choose to withdraw your child from a program, we require one month's (30 days) notice **in writing** of your intent to withdraw. Verbal declaration is not valid notice. Tuition fees will be forfeited if you withdraw your child during the school term.

Public holidays. Classes are not conducted on gazetted public holidays. A replacement class will be announced. If you do not attend the class on the specified date and time, there will not be another make-up opportunity.

Updates. We reserve the right to amend and update our terms and conditions as we strive to improve our services and ability to serve you and your child.

I have read, understand and accept these terms and conditions.

X _____
Signature

Please print your name

Date

Program Schedule for Term 1 (January–March 2010)

Day / Time	Session 1 1000-1100	Session 2 1145-1245	Session 3 1400-1500	Session 4 1545-1645	Session 5 2000-2100
Monday	Infant Toddler	Toddler Infants	Preschool B	Toddler Preschool A	—
Tuesday	Infant Toddler	Toddler Infants	Preschool B	Toddler Preschool A	—
Wednesday	Infant Toddler	Toddler Infants	Preschool A Preschool B	Toddler	—
Thursday	Infant Toddler	Toddler Infants	Preschool A Preschool B	Toddler Infant	—
Friday	Infant Toddler	Toddler Infants	Preschool A Preschool B	Toddler Preschool A	Wink

Day / Time	Session 1 0900-1000	Session 2 1045-1145	Session 3 1230-1330	Session 4 1445-1545	Session 5 1630-1730	Session 6 2000-2100
Saturday	Infant Preschool A	Toddler Preschool B	Toddler Infant	Preschool A Toddler	Preschool A Preschool B	Wink
Sunday	Infant Preschool A	Toddler Preschool B	Toddler Infant	Preschool A Toddler	Preschool A Preschool B	—

Please circle (or highlight in color) the name of the program on the day and during the time that you prefer.