Fax No.: 2760 4073 (Kindergartens Group)

Oral Health Promotion Division (OHPD), Department of Health

"Brighter Smiles for the New Generation 2024-25" Home-School Oral Care Activity

Enrollment Form

School Name:	
Each Form is for ONE school only, not for	School Group Enrollment
Organization ID:* <u>KG / NU</u>	
(*Please delete as appropriate)	
Contact Person Surname : *Mr/Ms	Contact Person Post :
Organization Tel No. :	Organization Fax No. :
Organization Email Address :	
Choose a consecutive 12-week period between 21	October 2024 to 29 June 2025 carry out the activity
(Starting on Monday)	
Activity Period: <u>dd</u> <u>mm</u>	yyyy To <u>dd mm</u> yyyy
Please fill in the following number of students acc	urately; activity materials will be given out according
to the number of students.	
October.)	t" will be uploaded to "OHPD" YouTube Channel in mid-
(The online teacher manual will be uploaded to the "To	ootnetub website in mia-October.)
2-year-old class N1:	3-year-old class N2/K1 :
4-year-old class N3/K2:	5-year-old class N4/K3:
Total number of students :	_

Remarks

- Your school will receive a "Confirmation Notice" through email or fax within 2 working days
- Activity Materials Collection will be held from 18 to 29 October 2024, while stocks last.
 (Collection is made after the above period, full set of activity materials will not be guaranteed)