

21<sup>st</sup> October, 2023

Dear Parents / Guardians,

**Circular on Sibling Carers Workshop**

In order to let our students to learn about how to look after and care for their younger siblings, we are going to hold a Sibling Carers Workshop. The workshop is taught by kindergarten teachers. Parents are invited to attend the activity. The details are as follows:

|                            |   |
|----------------------------|---|
| Date                       | 11 <sup>th</sup> November 2023 (Saturday)   |
| Assembly Time              | 09:15   |
| Dismissal Time             | 11:45   |
| Assembly & Dismissal Point | School  |
| Venue                      | Tsuen Wan Trade Association Chung Loi Kindergarten<br>(Floor G, Unit 1 - 5 & 11 - 15, G/F., Ching Nga Court, Tsing Yi, N.T.)  |
| Students' Dress Code       | Summer School Uniform   |
| Transportation             | Coach   |
| Fee                        | Free of charge  |
| Activities                 | Scenario-based training, group interactive games and enjoying party food, etc.  |
| Remarks                    | 1. Participants must be accompanied by at least one parent and one younger sibling who studies in kindergarten or kindergarten-cum-child care centre.<br>2. Participants will be awarded a certificate. |

For enquiries, please contact our teacher Mr. Wong Wai Kit.

Yours faithfully,



Lau Pak Ho  
Chairperson

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Tsuen Wan Trade Association Primary School Parent-Teacher Association  
Reply Slip of 2022-2024 PTA circular no.11 < Return it to Mr. Wong Wai Kit via class teacher >

**Circular on Sibling Carers Workshop**

Dear Chairperson,

I acknowledge receipt of the above-mentioned circular regarding the sibling carers workshop.

I ☐ will participate in this activity.

The number of family members joining the activity are

\_\_\_\_\_ parent(s), \_\_\_\_\_ student(s) in our school and \_\_\_\_\_ younger sibling(s).

Age of sibling(s): 1. \_\_\_\_\_ years old; 2. \_\_\_\_\_ years old; 3. \_\_\_\_\_ years old

☐ will not participate in this activity.

Parents' remarks (if any): \_\_\_\_\_

Student's Name : \_\_\_\_\_ ( )

Parent's Signature : \_\_\_\_\_

Class : \_\_\_\_\_

Date : \_\_\_\_\_

\*Please tick the appropriate boxes