



Application for Admission

Photo
(passport size)

Submission Date:

____ / ____ / ____
m d y

Requested Date of Enrollment:

____ / ____ / ____
m d y

Program:

Ladybug Class

☐ 2 days ☐ 3 days ☐ 4 days ☐ 5 days

Bluebird Class

☐ 5 days

Child's Information:

Name: _____

Date of Birth: ____ / ____ / ____ Nationality: _____
m d y

Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

Toilet Trained: ☐ yes ☐ limited ☐ no (please tick)

Health Status: Please list any medical condition, allergies, and special needs clearly.

Siblings Name and Age: _____

Language Spoken at Home: _____

What is the level of English of your child? ☐ yes ☐ limited ☐ none (please tick)

Has he/she attended a preschool or a Montessori school before? _____

Parents' Information:

Name of Parents:

Father: _____ Nationality: _____

Mother: _____ Nationality: _____

Home Address:

Father: _____

Mother: _____

Home Phone Numbers:

Father: _____

Mother: _____

Home Fax Numbers:

Father: _____

Mother: _____

Mobile Numbers:

E-mail Address:

Father: _____

Father: _____

Mother: _____

Mother: _____

Name of Company/Organization and Address:

Father: _____

Mother: _____

Business Telephone Numbers:

Father: _____

Mother: _____

Is your company or employer responsible for tuition fees?

Emergency Contact:

If parents cannot be reached for emergency situations, the following person is authorized to pick up the child and/or make a decision for an immediate action on behalf of the parents.

Name: _____

Telephone: _____ Mobile: _____

Relationship: _____

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Statement of Consent:

I do/do not (please circle one) give my permission for the school to seek medical aid and treatment for my child in an emergency situation and sign necessary documents on my behalf.

I understand that the programme, fees and rules may change without prior notification and that the fees payable and terms of payment may differ at the time of my child's admission.

I further understand that the entrees made in this form are true and accurate in every detail and hereby make application for my child.

Signature:

Father: _____ Date: _____

Mother: _____ Date: _____

Authorized Persons To Pick Up The Child:

Photo
(passport size)

Photo
(passport size)

Photo
(passport size)

Photo
(passport size)

Father

Mother
