



Application Form

Child's Details

Last Name Boy Girl
 First Name(s)
 Known By Nationality(s)
 Date of Birth Home Phone
 Address
 Primary Language Can child speak English?
 Medical Conditions
 (eg asthma, allergies, epilepsy, speech problems, eyesight problems etc)

Special Needs (eg language needs, toilet habits, food restrictions etc)

Previous Preschool Education

Family Details

Mothers Name
 Known By Contact Number
 Email
 Fathers Name
 Known By Contact Number
 Email
 Siblings
 Child's place in family (eg 1st, 2nd etc)
 Emergency Contact

Employment Details

Employer Ref. Ind.
 Signature Date

Date Received:		Copied to:	Teachers	
Date Acknowledged:			Chairperson	
			Secretary	

Please attached copy of child's passport to the application
 Email: cikcak.miri@gmail.com