



APPLICATION FORM

FOR OFFICE USE :

Registration Number

Date of Application / / 20

Application for the academic year 20__ - 20__

Entry Term: Term 1 Term 2 Term 3

Age Group : 3 - 11 month 1 - 2 years 2- 3 years 3- 4years

Days Opted : Sun Mon Tue Wed Thu

Paste passport size photo of child

1. CHILD DETAILS

Child's Name (as in CPR)

Family Name

Date of Birth (date/month/year)

 / / 20

Nationality

Languages Spoken

Religion

CPR/ID

Expiry Date

/ / 20

2. PARENT DETAILS

Father's Full name

Mobile

CPR No

e-mail

Occupation

Mother's Full name

Mobile

CPR No

e-mail

Occupation

3. ADDRESS

House/ Villa No

Building Name/ No

Road

Block No

Area

Tel No

City & Country

4. ALTERNATE EMERGENCY CONTACT DETAILS (Please provide at least one person's details)

Name	Relationship	Mobile
Name	Relationship	Mobile
Name	Relationship	Mobile

5. ADDITIONAL INFORMATION

Previously attended nursery

How did you hear about Kinder World preschool?
 Social Media Print Media Word of Mouth

Others (please specify)

Which school do you intend to send your child to after leaving Kinder World?

6. MEDIA CONSENT DECLARATION

The pre-school regularly produces promotional material featuring the school and its children. This may appear online, on the websites, Facebook, Instagram or printed material. Please confirm if you are happy for your child to appear in such publications

Yes No

Parent's Signature

Date: / / 20

Other Information