

APPLICATION FORM / АНКЕТА ДЛЯ РОДИТЕЛЕЙ LITTLE ANGELS KIDS CLUB

PUPIL'S DETAILS

Given name				Family Name		
Date of Birth				Sex	Male	Female
Nationality				Passport No		
Level of English	Fluent	Intermediate	Beginner			
Enrolment Date						

PARENT'S DETAILS

FATHER

MOTHER

Given Name		Given Name	
Mother tongue		Mother tongue	
Occupation		Occupation	
Nationality		Nationality	
Home Address			
Tel. No. Home		Fax No. Home	
Office		Office	
Mobile		Mobile	
Email		Email	
Employer's Details		Employer's Details	

Parent'(s) Signature _____ Date _____

PREVIOUS KINDERGARTEN IF ATTENDED. GIVE DETAILS

Does the pupil have Special Education Needs (SEN)?

Yes

No

Does the Pupil have any physical and/or mental disabilities?
If yes, please explain.

Yes

No

ENGLISH AS A FIRST/SECOND LANGUAGE (ESL)

What is the pupil's first language?

How long has the pupil been learning English?

Kindly submit the following documents at the time of Admission:

1. Passport photocopy of both the parents and child
2. Copy of vaccination card
3. Birth certificate
4. Four passport size photograph of the child (colored)
5. A note from the doctor stating that the child/pupil is perfectly healthy.[Cpravka]

Parent'(s) Signature _____ Date _____

MEDICAL RECORD AND AUTHORIZATION FORM PRESENT HEALTH

Does the pupil need/have:

Regular medical attention	Yes	No	Regular medication	Yes	No
Eyesight problems	Yes	No	Hearing problems	Yes	No
Asthma/respiratory problems	Yes	No	Skin problems	Yes	No
Epilepsy	Yes	No	Hay fever	Yes	No

If yes to any of above questions please provide details:

KNOWN ALLERGIES

Please provide details if pupil has any allergy:

PREVIOUS ILLNESSES/OPERATIONS

Please provide details if the Pupil has had any serious past illness or operations

VACCINATION

Tuberculosis	Year	Polio	Year
Diphtheria/Tetanus/Pertussis(DTP)	Year	Rabies	Year
Measles/Mumps/Rubella(MMR)	Year	Typhoid	Year
Hepatitis A	Year	Chicken Pox	Year
Hepatitis B	Year	Small pox/measles	Year

AUTHORIZATION

I/We understand that whilst the KG will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore, I/We authorize the School to seek first aid for the Pupil if the Kindergarten believes there to be an emergency and call the ambulance.

I/We also hereby authorize/do not authorize the School to give the Pupil minor medications (e.g. paracetamol/nurofen syrup) if deemed necessary by the school.

Parent'(s) Signature _____ Date _____