

Attach Two  
Passport Pictures



## ENROLLMENT FORM

Please complete this form in **BLOCK CAPITALS** black or blue ink.

SECTION 1 – CHILD’S DETAILS		
Preferred Name	Middle Name	Legal Surname
Date of Birth	/ /	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address: -----		
Nationality:	Primary Language	
Name of last school attended:		
Grade/Class completed:		
SECTION 2- PARENT/GUARDIAN INFORMATION		
Father’s Name:	Mother’s Name:	
Nationality:	Nationality:	
Mobile No:	Mobile No:	
Email:	Email:	
Occupation:	Occupation:	
Employer:	Employer:	
<b>HEALTH INFORMATION- Does your child have any of the following medical issues?</b>		
( ) Allergies	( ) Eczema/Skin Disorders	( ) Vision/Hearing Impairment
( ) Asthma	( ) Dietary Restrictions	( ) Epilepsy
( ) Food Itolerances	( ) Heart Problems	( ) Special Learning Needs
( ) Any Other Health Issues-----		
In case of an emergency, give names of persons who can be called if we cannot reach parents (and be sure that these people know you have given us their names)		



Name:	Telephone
Home Address:	Relationship
Name:	Telephone
Home Address:	Relationship

**KINDLY INDICATE WHETHER YOU ARE APPLYING FOR A PLACE IN OUR PRIMARY SCHOOL OR PRESCHOOL.**

PRESCHOOL

PRIMARY SCHOOL

<input type="checkbox"/> Term 1 - September - December
<input type="checkbox"/> Term 2 - January - March
<input type="checkbox"/> Tem 3 - April - June

**KINDLY INDICATE WHEN YOU WOULD START.**



**AUTHORISED PICK-UP PERSON**

Please list below any other adults authorized to pick your child up from Little Blessings International School on your behalf. [Relatives/Friend/Nanny etc]

Name	Relation to child	Phone Number

Is there any physical or emotional problems which might interfere with your child’s adjustment to this program? If so, please describe:

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Person responsible for payment: \_\_\_\_\_

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

**Medical Emergency Permission:**

I  authorize  do not authorize Little Blessings International staff to administer first aid treatment to my child.

I  authorize  do not authorize Little Blessings International staff to take my child to the hospital/Clinic and authorize treatment by the doctor on call.



**MEDICAL INFORMATION**

Child's Name: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_

Mother's Name: \_\_\_\_\_

Daytime Contact Phone No: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Daytime Contact Phone No: \_\_\_\_\_

Name(s) of relative(s) or friend(s) to pick up child in case of an emergency:

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Has your child been immunized for any of the following? Please check and attach copies of your child's immunization records.

DTP: \_\_Yes \_\_No

Polio: \_\_Yes \_\_No

Tetanus: \_\_Yes \_\_No

Measles: \_\_Yes \_\_NO

Yellow Fever: \_\_Yes \_\_No

Whooping Cough: \_\_Yes \_\_No

***\*Please add a copy of your child's Immunization Forms***

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_/\_\_/\_\_



***Little Blessings International school provides services to children and families without regards to race, sex, religion, cultural heritage, political beliefs, or marital status.***

1. I understand that there is an annual non-refundable Registration Fee. No application for enrollment will be accepted without signed this notice.
2. I understand that the Little Blessings International School is open Monday to Friday and adheres to Public Holidays and scheduled Christmas, Easter, and Summer Holidays.
3. I understand that I am responsible for the term tuition to be paid the beginning of the term; no later than the one week into the school term.
4. I understand that my child may be asked to leave the program due to non-payment.
5. I agree to update my child's information when necessary.
6. I understand that any absences due to illness, vacation, or whatever reason will not result in a refund or adjustment of term tuition.
7. I understand that Little Blessings International School must receive two weeks' notice in advance of withdrawal of a child from the program.

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I, \_\_\_\_\_ (parent/guardian), wish to enroll

\_\_\_\_\_ In Little Blessings International School for the following schedule:

Days of the week: \_\_\_\_\_ Hours: \_\_\_\_\_

I agree to adhere to the hereby policies and procedures. Attached is the non-refundable registration fee.

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

Signed

\_\_\_\_\_  
Print Name

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**Photographic Release:**

I  consent  do not consent and authorize Little Blessings International School to use and reproduce photographs taken of my child and to circulate them for advertising and publicity purposed of every description.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_