



Registration Form

Child's information

Child's full Name.....

Gender: M..... F.....

Date of birth..... Place of Birth

Nationality.....

Child's first language.....

Child's second language.....

Family's Information

Marital status (circle the status): Married Separated Divorced
Widowed

(If so, custody is with:))

Mother's full name:

Profession: Place of work:

Work tel.: Mobile tel.:

Email:

Father's full name:

Profession: Place of work:

Work tel.: Mobile tel.:

Email:

Home Address

Area:

Street:

Building no.:

Floor no:

Home tel.:

Siblings

Name: gender:

Name: gender:

Name: gender:

Name: gender:

****Please state who should be the first point of contact**

Father Mother Other

Relation to child.....

phone number.....

Is your child: (circle the status)

Diapered

Just started potty training

Still needs attention/ help for toileting

Potty trained

Consent

Release of child: For your child's safety, please provide us with the names of the adults (other than parents/ guardian) that are authorized to pick up your child from Casa Mia. Please make sure to keep this list up to date.

Name	Relationship	Phone no.

Photographs

We observe each child's development and take photographs for their record of achievement and special happy moments. Please inform us if you do not wish your child's photo to be taken, displayed in the preschool class dojo, or used on our website and social networking sites. If you are happy for your child's photo to be taken and used in this manner please sign below.

Signature..... Date:

Medical information

Child's Doctor:

Phone number:

Medical illnesses or allergies that your child has suffered or currently suffers from

Has your child had any of the following childhood illnesses? (please circle)

Chicken Pox	Yes	No
Rubella	Yes	No
Mumps	Yes	No
Measles	Yes	No

Medical Consents:

Whilst every care is taken to ensure the safety and wellbeing of all children at Casa Mia, the parent should not hold the school liable for injuries resulting from accidents occurring whilst their son/ daughter is in the care of the school. In case of minor accidents, the school is equipped with first aid medication kits which include (plasters, antiseptic creams, anti-bruise, anti-itch etc.).

Yes, please administer, if necessary,

No, please do not administer

In case of an absolute emergency, whereby hospitalization is required, and the school is unable to contact me, I give my permission for medical emergency treatment to be administered in the nearest hospital for my child.

Signature..... Date:

Acceptance

I hereby submit this application for my child with all the documents required. All provided information is true and accurate. I have read the registration form and agree to comply with all the terms and conditions, the consents above, and the policies plus any updated information when necessary. I also agree to pay all school fees promptly (as requested). I further understand that all school fees are subject to change according to Casa Mia Preschool discretion, and that registration fees are non-refundable once the form is submitted and tuition fees are non-refundable after the payment due date.

Name of Parent/Guardian.....

Signature:

Date: