



The Montessori Learning Centre Ltd

“Lighting the Path of Knowledge”

APPLICATION FORM

Acceptance and placement at the Montessori Learning Centre is based on availability of space as well as suitability of our school program for your child. Your child will be placed on the waiting list according to the date the school has received this application and the age of your child.

Upon confirmation of a place for your child you will be required to pay the caution fee of ksh50,000/-

(please read the school policy sheet attached with this application)

Please attach one photograph of your child, a copy of the birth certificate and Kshs. 5,000/- (non refundable) registration fee with this application.

Child's Name

(Surname)

(First Name)

(Middle Name)

Residential physical address: _____

House telephone No (s): _____

Family Post office Box No: _____ Code No: _____

Child's Personal Details

Age: _____ Sex: _____ Birth date: (Day) _____ (Month) _____ (Year) _____

Does the child live with both parents? (Yes) _____ (No) _____

If NO please explain: _____

Father's Name (or Guardian)

(Surname)

(First Name)

(Middle Name)

Nationality: _____

Employer: _____

Business Box No: _____ Code: _____

Business Tel. No: _____ Mobile: _____

Email Address: _____

Mother's Name (or Guardian)

(Surname)

(First Name)

(Middle Name)

Nationality: _____

Employer: _____

Business Box No: _____ Code: _____

Business Tel. No: _____ Mobile: _____

Email Address: _____

Has the child attended Kindergarten elsewhere? (Yes) _____ (No) _____.
If YES give the name of the Kindergarten and date attended:

Full Day / Lunch

Children from the age of 4 years onwards must stay for FULL DAY SCHOOL.
(Full Day is from 8.30 a.m. to 3.30 p.m. - Monday to Friday)

Lunch fees must be paid at the same time as tuition fees.

Half day children may take lunch if desired.

I / We would like my / our child to attend (Half Day) _____ (Full Day) _____.

I / We would like my / our child to have school lunch (Yes) _____ (No) _____.

My / Our child is a (regular) _____ (Vegetarian) _____ (Total Vegetarian) _____

Please list any foods or drinks that your child cannot take:

_____	_____
_____	_____
_____	_____
_____	_____

Medical History Report

General condition of health
(Please indicate if your child has any of the following conditions);

AllergiesFrequent sore throatSpeech difficultiesAsthma
..... HeadachesShort of breathConvulsions Hearing
difficulties Tires easily dizziness nose bleeds earaches
..... eczema..... Poor vision persistent cough other (s)
.....

Has your child had any of the following? (Yes or No) where applicable.

Chicken pox Pneumonia Whooping cough Mumps
.....
Rheumatic fever Measles (type) Lice others
.....

Immunization: (Enter dates given)

D.P.T. (1) (2) (3) (4) DT
Polio (1) (2) (3) (4)
Booster

Measles Tetanus Cholera Rubella vaccination HIV tested
.....

Does your Doctor have any recommendation for special care of your child?

Emergency Information

If my / Our child becomes ill or has an accident in school and you cannot reach me /us, please contact:

Name: _____ Relationship _____ Tel No. _____
Doctor's Name: _____ Tel No: _____

In case of a serious accident, I / we give permission for my / our child to be taken to:

Nairobi Hospital _____ M.P. Shah _____ AgaKhan _____ Gertrudes _____ others

In case my / our child develops sudden fever, I / we wish him / her to be given:

Calpol _____ Brufen _____ Panadol _____ Others: _____

- 1) I /we have read and understood the 'Montessori Learning Centre policy / information guidelines' and shall abide by them.
- 2) i) I /we understand that all pupils who show symptoms of communicable diseases are to be excluded from classes. I / we shall co-operate by keeping my / our child at home during such times and inform the school.
ii) All vaccinations should be completed according to the Kenyan Law.
- 3) I / we give my / our consent for my / our child to participate in school field trips.
- 4) I / we understand that the Montessori Learning Centre provides equal opportunity in education for all pupils without regard to race, colour, religion or national origin.
- 5) I / we have no objection my / our child being taught human virtues through different religious moral stories.
- 6) I / we understand that our child's photograph may appear on the schools website. I / we have / have no objection to it.
- 7) Fully fledged security/safety measure will prevail only during school hours.
- 8) while all safety precautions will be taken I/we will not hold MLC responsible for any mishaps.

Parent/Guardian Name Signature

Date