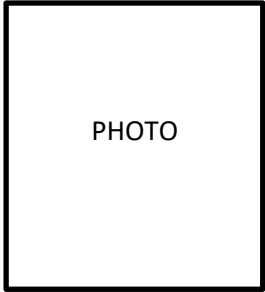




THE MONTESSORI LEARNING CENTRE LTD
 "LIGHTING THE PATH OF KNOWLEDGE"
 P.O.BOX 649-00606, SARIT CENTRE, NAIROBI
 (+254)728-600-011 (+254)738-600-011
INFO@MLCKENYA.COM // WWW.MLCKENYA.COM

REG DATE: _____
 REG PD (R NO) _____
 DEPOSIT PD(R NO) _____
 YEAR GROUP: _____



KINDERGARTEN - APPLICATION FORM

STUDENT DETAILS:

FULL NAME: (AS ON BIRTH CERTIFICATE)

 FIRST NAME MIDDLE NAME FAMILY NAME
 (PLEASE HIGHLIGHT THE NAME GENERALLY USED)

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____

GENDER: _____

PHYSICAL ADDRESS:

NATIONALITY: _____

DOES THE CHILD HAVE ANY SIBLINGS IN THE SCHOOL?

IF YES, PLEASE PROVIDE DETAILS:

NAME: _____ YEAR GROUP: _____

NAME: _____ YEAR GROUP: _____

DOES THE CHILD LIVE WITH BOTH PARENTS? _____

IF NOT, PLEASE EXPLAIN: _____

PARENT/GUARDIAN DETAILS:

FATHER'S NAME:

 TITLE FIRST NAME MIDDLE NAME FAMILY NAME

IDENTIFICATION/ PASSPORT NUMBER:

MOBILE NUMBER/S: (PLEASE INDICATE DIALING CODE)

EMAIL ADDRESS: _____

NATIONALITY: _____

EMPLOYER: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

TEL/MOBILE NUMBER/S: _____



MOTHER'S NAME:

TITLE	FIRST NAME	MIDDLE NAME	FAMILY NAME
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IDENTIFICATION/ PASSPORT NUMBER: _____

MOBILE NUMBER/S: (PLEASE INDICATE DIALING CODE)

EMAIL ADDRESS: _____ NATIONALITY: _____

EMPLOYER: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

TEL/MOBILE NUMBER/S: _____



GUARDIAN'S NAME AND/OR EMERGENCY CONTACT PERSON;

TITLE	FIRST NAME	MIDDLE NAME	FAMILY NAME
-------	------------	-------------	-------------

IDENTIFICATION/ PASSPORT NUMBER: _____

MOBILE NUMBER/S: (PLEASE INDICATE DIALING CODE)

EMAIL ADDRESS: _____ NATIONALITY: _____

EMPLOYER: _____ OCCUPATION: _____

BUSINESS ADDRESS: _____

TEL/MOBILE NUMBER/S: _____



WHO FROM ABOVE LISTED IS PRIMARILY RESPONSIBLE FOR THE CHILD?

WHO FROM ABOVE LISTED IS RESPONSIBLE FOR PAYING THE SCHOOL FEES?

PLEASE INDICATE WHAT METHOD WILL BE USED FOR PAYING THE FEES:

DIRECT COMPANY PAYMENT

SELF

OTHER

PREVIOUS SCHOOLING HISTORY:

HAS THE CHILD ATTENDED KINDERGARTEN ELSEWHERE? YES _____ NO _____

IF YES, GIVE THE NAME OF THE KINDERGARTEN AND DATE ATTENDED:

LUNCH AND FULL DAY PROGRAM:

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'S DIET IS REGULAR _____ VEGETARIAN _____

PLEASE LIST ANY FOOD RELATED ALLERGIES THAT WE SHOULD BE AWARE OF OR ANY SPECIAL DIETARY CONDITIONS YOUR CHILD MAY HAVE.

MEDICAL HISTORY REPORT:

PLEASE INDICATE IF YOUR CHILD HAS ANY OF THE FOLLOWING CONDITIONS;

- ALLERGIES
- FREQUENT SORE THROAT
- SPEECH DIFFICULTIES
- HEADACHES
- SHORT OF BREATH
- CONVULSIONS
- HEARING DIFFICULTIES
- TIRES EASILY
- DIZZINESS
- NOSE BLEEDS
- EARACHES
- ECZEMA
- POOR VISION
- PERSISTENT COUGH
- OTHER (S)

HAS YOUR CHILD HAD ANY OF THE FOLLOWING?

- CHICKEN POX
- PNEUMONIA
- WHOOPING COUGH
- MUMPS
- RHEUMATIC FEVER
- MEASLES (TYPE)
- LICE
- ASTHMA

EMERGENCY INFORMATION:

IF MY CHILD BECOMES ILL OR HAS AN ACCIDENT IN SCHOOL AND YOU CANNOT REACH ME PLEASE CONTACT:

NAME: _____ RELATIONSHIP _____ TEL NO. _____

DOCTOR'S NAME: _____ TEL NO: _____

IN CASE OF A SERIOUS ACCIDENT, I GIVE PERMISSION FOR MY CHILD TO BE TAKEN TO:

NAIROBI HOSPITAL _____ M.P. SHAH _____ AGAKHAN _____ GERTRUDES _____

IN CASE MY CHILD DEVELOPS SUDDEN FEVER PLEASE GIVE MY CHILD:

CALPOL _____ BRUFEN _____ PANADOL _____

CHECKLIST:

PLEASE ENSURE YOU HAVE SUBMITTED THE FOLLOWING WITH THIS FORM:

A CLEARANCE CERTIFICATE/LETTER FROM PREVIOUS SCHOOL (IF APPLICABLE)

A COPY OF THE CHILD'S BIRTH CERTIFICATE AND PASSPORT

2 PASSPORT SIZE PHOTOS OF THE CHILD

A COPY OF THE PARENTS/GUARDIANS IDENTIFICATION/PASSPORT

COMPLETED MEDICAL FORM

NON-REFUNDABLE REGISTRATION FEE

DECLARATION:

- 1) I HAVE READ AND UNDERSTOOD THE MONTESSORI LEARNING CENTRE POLICIES AND GUIDELINES AND SHALL ABIDE BY THEM.
- 2) I UNDERSTAND THAT ALL PUPILS WHO SHOW SYMPTOMS OF COMMUNICABLE DISEASES ARE TO BE EXCLUDED FROM CLASSES. I SHALL CO-OPERATE BY KEEPING MY / OUR CHILD AT HOME DURING SUCH TIMES AND INFORM THE SCHOOL.
- 3) I UNDERSTAND THAT THE MONTESSORI LEARNING CENTRE PROVIDES EQUAL OPPORTUNITY IN EDUCATION FOR ALL PUPILS WITHOUT REGARD TO RACE, COLOUR, RELIGION OR NATIONAL ORIGIN.
- 4) I HAVE NO OBJECTION TO MY / OUR CHILD BEING TAUGHT HUMAN VIRTUES THROUGH DIFFERENT RELIGIOUS AND/OR MORAL STORIES.
- 5) I UNDERSTAND THAT OUR CHILD'S PHOTOGRAPH MAY APPEAR ON THE SCHOOLS WEBSITE AND OR MARKETING MATERIAL AND HAVE NO OBJECTION TO THIS.
- 6) I AM AWARE THAT **FULLY FLEDGED** SECURITY/SAFETY MEASURES WILL PREVAIL ONLY DURING SCHOOL HOURS.
- 7) WHILE ALL SAFETY PRECAUTIONS WILL BE TAKEN I/WE WILL NOT HOLD MLC RESPONSIBLE FOR ANY MISHAPS.

SIGNED _____

DATE _____

NAME _____