

Little Wonders Preschool

Registration Form



Student details

Full Name:	<input type="text"/>	Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of Birth:	<input type="text" value="/"/>	Age (on September 1 st):	<input type="text"/>	
Place of Birth:	<input type="text"/>	Nationality:	<input type="text"/>	
Religion	<input type="text"/>	Languages Spoken at home:	<input type="text"/>	
Address:	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
PO Box:	<input type="text"/>			

Parent/Guardian Details

Names of any siblings also attending Little Wonders Preschool:

FATHER'S DETAILS:

Father's Name:	<input type="text"/>	Mobile Number:	<input type="text"/>
Father's Company:	<input type="text"/>	Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>		

MOTHER'S DETAILS:

Mother's Name:	<input type="text"/>	Mobile Number:	<input type="text"/>
Mother's Company:	<input type="text"/>	Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>		

EMERGENCY CONTACT DETAILS:

Name:	<input type="text"/>	Mobile Number:	<input type="text"/>
Company:	<input type="text"/>	Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>		

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CPR/Passport Details

CPR Number:

Expiry Date:

Passport Number:

Start Date:

Expiry Date:

Residency Visa Number:

Start Date:

Expiry Date:

Media Consent Declaration

I give consent to Little Wonders Preschool to photograph or film my child and potentially use these images/videos for social media and online and printed publications/advertisements. I understand that these media remain the property of the preschool.

Signed:

Date:

Documentation

Please provide a copy of each of the following documents along with this registration form:

- Passport photo
- Copy of the child's Birth Certificate
- Copy of the passport photo page and residence visa
- Copy of the child's immunisations record (in English)
- Copy of the child's sponsor's (mother or father) passport and residence visa
- Completed Copy of registration and medical form
- Copy of child's CPR

Declaration

Signed:

Date: