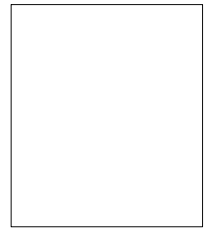


VILLAMARIA GOOD SHEPHERD KINDERGARTEN / NURSERY

APPLICATION FOR ADMISSION



Name of child:

Gender (M/F):

Date of birth:

Place of Birth:

Birth Certificate No.:

Nationality:

Religion:

Home Address:

Home Telephone:

Name of Father:

Occupation:

Name of Company :

Office Address:

Email address:

Mobile No.:

Office Telephone :

Name of Mother :

Occupation:

Name of Company :

Office Address:

Email address:

Mobile No.:

Office Telephone :

Name of Guardian :

Relationship to child:

Occupation:

Name of Company :

Office Address:

Email address:

Mobile No.:

Office Telephone :

Other Information:

Language(s) spoken at home:

Previous school (if any):

Medical Details

Child's Medical History

a) Illness (asthma, bronchitis, epilepsy, etc.)

.....

b) Allergies:

.....

c) Others:

.....

In case of emergency, please contact

Name

Contact No.

a)

.....

b)

.....

I confirm that the information provided are correct and I agree to the following terms and conditions for the enrolment of my child in Villamaria:

- a) all fees paid are non-refundable and non-transferable
- b) Villamaria reserves the right to adjust the fees as and when is warranted
- c) Villamaria reserves the right to terminate the enrolment of a child if it deems that the programmes offered by Villamaria do not fit the requirements of the child, including but not limited to cases where the child is deemed by Villamaria to require special care or 'one to one' attention.
- d) guidelines and operating procedures to ensure the safety and wellbeing of children in Villamaria

Date of Application:

Signature of Parent

Name :

For Office Use

Date of Admission:

Class: