

Star Kids International Preschool

Enrollment Form

STUDENT ENROLLMENT	Student ID (office use only):
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How did you hear about our school? _____

Student Details

Family Name	
First Name	
Middle Name	
Nationality	

Male Female Birth Date: (dd-mm-yyyy) _____ / _____ / _____

English Ability: Fluent Good Basic None

Has/does your child attended any other school or a kindergarten? Yes No

Details:

School Name	Grades Attended	Days per Week

Parent/Guardian Details

Father / Guardian Name:	
Nationality:	
Occupation:	
Work Address in Japan:	
Mobile number:	Office phone:
E-mail:	Fax:

Parent/Guardian Details

Mother / Guardian Name:	
Nationality:	
Occupation:	
Work Address in Japan:	
Mobile number:	Office phone:
E-mail:	Fax:

Home Address:	
Primary Contact No.	Secondary Contact No.
Email:	Fax:

Billing information:

School fees are paid by bank transfer. We will send you an invoice by email each month. Please provide us with your preferred email address.

Email:

Preferred Program: Please make your selection by checking the boxes below.

- | | | |
|-------------------------------|----------------------|--------------------------|
| Mom & Baby | 1 to 2 years | <input type="checkbox"/> |
| First Step (9:00 to 12:00) | 18 months to 3 years | <input type="checkbox"/> |
| Preschool (9:00 to 14:00) | 3 to 6 years | <input type="checkbox"/> |
| After School (15:30 to 18:00) | 3 to 6 years | <input type="checkbox"/> |
| English Club (16:30 to 18:00) | 7 to 12 years | <input type="checkbox"/> |

Emergency Contact Details / Child Pick Up Authorization

Other than the listed parent/guardians, please provide at least two emergency contacts, or names of people authorized to pick your child up from school. Please note, we will not release your child into the care of any person not listed below.

Name	Address	Contact No.	Relationship (Neighbor, Relative, Friend, Carer or Other)

Toilet Training: Completed In progress In Diapers

Medical & Allergy Information:

Does your child have any allergies (to food, medicines, or any other substances)? If yes, please provide details.

Does your child have any illnesses or medical conditions that may affect his/her participation in a normal school day (including physical education)? If yes, please provide details.

Does your child take prescribed medicines on a regular basis or require a specialist to support his/her physical needs? If yes, please provide details.

Student Profile

No one knows your child better than you! You've watched your child learn and grow on a daily basis, and are uniquely qualified to share your insights about your child's development with us. Please take the time to complete this profile, as the information will assist us in meeting the unique needs of your child.

1. What is your ultimate goal for your child's time with us?

2. What does your child most enjoy doing?

3. What languages are spoken in your home and what percentage of the time?

4. What foods does your child like/dislike?

5. Is there anything else that you would like us to know about your child so that we can better meet his or her needs (mealtime routines, bedtime routines, fears etc.)?

Student Photography Permission

As students will be taking part in lots of fun activities, Star Kids International Preschool would like to take pictures and videos to share with parents and possibly use them as promotional material. Please indicate your consent below.

Child's Name: _____

Parent's Name: _____

I do / do not grant Star Kids International Preschool permission to:

- Share photos with parents of the school (as well as parents of prospective students), and as promotional material on websites, bulletin boards, SNS such as facebook, and various print media (such as brochures and magazines).
- Share videos with parents of the school (as well as parents of prospective students), and as promotional material on websites, SNS such as facebook, print media etc.

Signature of Parent/Guardian: _____

Student Enrollment Declaration

I hereby certify that the information contained within this form is correct.

Name of Child (please print clearly): _____

Name of Parent/Guardian (please print clearly): _____

Signature of Parent/Guardian: _____

Date: (dd/mm/yy) _____ / _____ / _____

Thank you for taking the time to complete our student enrolment form. The information you provide is confidential and will be treated as such.