

APPLICATION TO ATTEND LITTLE CORNER HOUSE MONTESSORI NURSERY

Current Date	D	D		М	М	20	Υ	Υ									
Starting Date	D	D		М	М	20	Υ	Υ									
How did you hear	s?																
Date of Birth	D	D		М	М	20	Υ	Υ									
Surname																	
Full Name																	
Preferred Name																	
Religion																	
Home Language																	
Language of Instru	uction	า															
Number of Siblings					Δ	Ages											
Family Doctor																	
Phone Number																	
Medical Aid																	
Membership No.																	
Allergies																	
Chronic Illness																	

Disabilities																
Additional Information																
Emergency Contac	t															
Phone Number																
Will make use of Aftercare					Holi	day	Care									
Mother Surname																
First Name																
Home Address																
Postal Address																
Occupation																
Employer																
Work Phone No																
Cell Phone No																
Email Address																
Father Surname																
First Name																
Home Address (if	differ															
Postal Address (if	differ	ent)														
Occupation																
Employer																
Work Phone No																
Cell Phone No																
Email Address																
Details of person	resp	oons	ible	for t	he a	ıccoı	ınt									
Surname																
First Name																

Work Phone No																			
Cell Phone No																			
Email Address																			
Postal Address																			
Occupation																			
I.D. Number																			
School Fee Payment Options			ıs		Monthly Quarterly Annually														
Document Checklist Please ensure that all of the documents mentioned below are submitted in order to complete the application process												der							
Application Form																			
Mother's I.D.																			
Father's I.D.																			
Birth Certificate																			
Innoculation Reco	rd																		
Indemnity Form																			
Photo Permission																			
Children's Question																			
Contract Signed					(init	ialle	d on	eacl	h pa	ge)									
MySchool Card Ap	plico	ation																	
Last School Report					(if c	applio	cable	e)											
Reports From Spe		(if c	appli	cable	e)														
		_																	

POPI ACT DISCLAIMER

The personal information submitted herein shall be solely used for your child's appropriate education and to contact you in the case of an emergency. All the information submitted herein shall be used for the purpose stated above, as mandated by law. This information may be disclosed to **Little Corner House Montessori Nursery's** Early Childhood Development practitioners as appropriate. **Little Corner House Montessori Nursery** undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this document.