

LITTLE STEPS INTERNATIONAL KINDERGARTEN

Application for Admission

CHILD INFORMATION

First name: _____ **Last name:** _____

Preferred first name: _____

Passport country & expiry date: _____

Gender: _____ **birth date:** ___ / ___ / _____

(a photo copy of child's passport /birth certificate must be provided)

Enrolment date: _____

HEALTH & DEVELOPMENTAL CHECKLIST

Has your child been identified by having any of the following?

Condition	YES	NO
Attention deficit disorder (hyperactivity)	[]	[]
Speech /language impairment	[]	[]
Learning disability	[]	[]
Autism spectrum	[]	[]
Intellectual disability	[]	[]
Developmental delay	[]	[]
Orthopedic impairment	[]	[]
Hearing impairment	[]	[]

Does your child have any history of the following illness?

Illness	YES	NO
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Severe allergy	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you choose yes for any question above please provide further detail below and /or attach additional documentation.

PARENT/GUARDIAN INFORMATION

Child lives with: parent 1 parent 2 both

Parent 1 Title: _____ first name: _____ last name: _____

Relationship to child: _____

Language spoken: _____ passport country: _____

Employer: _____ position: _____ office phone: _____

Mobile: _____ email: _____

Parent 2 Title: _____ first name: _____ last name: _____

Relationship to child: _____

Language spoken: _____ passport country: _____

Employer: _____ position: _____ office phone: _____

Mobile: _____ email: _____



Signature: both parents must sign below. If only one parent resides with the student in Ethiopia please indicate “not applicable” on the second parent signature line.

- I hereby apply for the admission of the above named student to little steps day care and preschool.
- I agree that I will read the parent /student hand book that my child and I will abide by all the rules and regulation of the preschool.
- I understand that my child’s enrolment is dependent upon the completeness and accuracy of the information provided above. I certify that all information provided about my child and family is complete, true and accurate to the best of my knowledge.
- We/I hereby agree that the parents listed below may sign any school related forms /permission slips or other Pre work regarding my/our child. if the child lives with two Parents we agree that either one of these signatures is sufficient.

Parent 1 _____ **Signature:** _____ **date:** _____

Parent 2 _____ **Signature:** _____ **date:** _____



EMERGENCY AUTHORIZATION FORM

Name of Child: _____ **Birth Date:** _____

I Authorize all medical treatment and/or hospital visit as may be performed or prescribed by the attending physician for my child and waive my right to informed consent to treatment. This waiver applies only in the event that neither parent nor legal guardian can be reached in the case of emergency. In any accident that we feel is serious until you reach to the preschool we will take your child to clinic.

If you prefer any other doctor or clinic please list below:

Name of doctor: _____

Clinic Name: _____

Contact Number: _____

Emergency Contact Number: _____

Parents Name: _____

Parents Signature: _____

Date: _____



PHOTOGRAPHY RELEASE FORM

Name of child: _____ **Birth date:** _____

Please be advised that your child will be photographed and/or videotaped at various school activities or events. If you would like your child's photo to appear in our class, website, facebook pages, or any printed publications please sign and return this form.

Yes I give permission to have my child's photograph and/or video to be posted on our class, website, face book pages, or any printed publications

No I do not give permission to have my child's photograph and/or video to be posted on our class, website, face book pages, or any printed publications

Parent's Name: _____

Parent's Signature: _____

Date: _____

Payment – Non refundable
