



## APPLICATION FOR ADMISSION

**Children's House: Ages 2 to 6 years old**

For school year: 20 \_\_\_\_ / 20 \_\_\_\_ Start date (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **PART 1:**

**Name of the Child:**

last

first

middle

Date of birth (dd/mm/yyyy):

Place of birth:

Nationality:

Gender:

Male

Female

Native language:

Second language(s):

PHOTO

**Contact details family:**

**Parent/Guardian**

Surname:	First Name:	Relationship to the child:
Mobile phone nr.:	Work phone nr.:	Email address:

**Parent/Guardian**

Surname:	First Name:	Relationship to the child:
Mobile phone nr.:	Work phone nr.:	Email address:
Home address:		
		Home phone nr.:

## Choice of Programme

### For 2 year olds:

	Option A:	5 mornings only
	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *
	Option E1:	2 ½ full days
	Option E2:	3 full days
	Option E3:	4 full days

### For 3 year olds:

	Option A:	5 mornings only
	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

### For 4 year olds:

	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

### For 5 year olds:

	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

\* Option E includes the After School Hour programme every Wednesday afternoon from 12:00 to 15:00 hrs.

The programme attendance can be increased during the course of the school year.

An additional Tuition Contract will be made.

**In combination with:**

	H 1	<b>After School Hour Programme (ASH)</b> available from 15:00 to 18:30 hrs	<b>5 school days per week.</b> Complete school year - 5 days per week.	
	H 2		<b>Regular</b> After School Hour Programme. Please indicate the days of the week.	
	H 3		<b>Irregular</b> After School Hour Programme. Per hour/invoiced monthly.	
	I	<b>Holiday Camps</b>	<b>During specific holidays</b>	
	J 1	<b>Violin Instruction for Children's House:</b>	<b>Complete school year</b>	
	J 2		<b>Trial period</b> (8 weeks)	
	J 3		<b>Violin hire</b> for a complete year	
	J 4		<b>Violin hire</b> for a trial period (8 weeks)	
	K1	<b>Special Education Requirements</b>	<b>Special Educational Requirements</b> - individual	
	K2		<b>Special Educational Requirements</b> - small group	
	M 1	<b>Bus Service</b>	<b>Zone 1:</b> Neighbouring communes	One way
				Return
	M 2		<b>Zone 2:</b> Non neighbouring communes	One way
				Return
	M3		<b>Zone 3:</b> Further afield	One way
				Return
<b><u>Please note:</u></b> Route, Pick-up times and availability depend on the addresses of families participating.				

### **Administrative Information**

The tuition fees will be paid by:

Employer

Parents


An invoice needs to be sent to the employer:

YES

NO

Name and address of company:


Person responsible for company invoices:

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Parent/Guardian's position:

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Please note that the enrolment of a child is the agreement between the school and the parents regardless of the agreement parents may have with their employers concerning the payment of the Tuition Fees.

### **Payment of Enrolment fee:**

The application will be processed as soon as the school has received the payment of the enrolment fee. This enrolment fee is non-refundable and paid only once.


The amount of €600 is enclosed

A bank transfer of €600 has been made to account number BE88 7360 1756 4441

For International Transfers please use:

**KBC Bank: Markt 4, 3080 Tervuren, Belgium**

Swiftcode: **KREDBEBB**

*Please attach proof of payment*

### **Passport – Belgian Identity card:**

Please attach a copy of your child's passport and their Belgian identity card. In the event that you do not yet have the identity card, please provide the school with a copy as soon as possible.

### **Belgian National Number**

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Signature Parent/Guardian:

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Date (dd/mm/yyyy):

___/___/20___
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## **PART 2:**

### **Developmental History:**

History of pregnancy:


Infant history:


Activity level and temperament:


Medical history:


### **Developmental Milestones:**

Age at which your child was able to do the following:

Walk independently:

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Speak sentences:

--

Eat independently:

--

Dress him/herself independently:

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### **Current Abilities and Health:**

Current medication:

Allergies:

Activity level:

Sleeping patterns:

Eating habits:

Specific food habits:

Toilet learning activity level:

Interaction with others:


Is your child currently attending a Preschool or Day Care center:

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Does your child have developmental or learning disabilities:

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**Family History:**

Siblings:

Name:

Age:

School currently attending:


How long have you lived in Belgium:

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Has your child lived in other country/ies? If so, for how long?:


Health / illnesses:


Other information:


Signature Parent/Guardian:

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Date (dd/mm/yyyy):

____/____/20____
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