



APPLICATION FOR ADMISSION

Children's House: Ages 2 ½ 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:

	F 1	After School Hour Programme (ASH) available from 15:00 to 18:00 hrs	5 school days per week. Complete school year - 5 days per week.	
	F 2		Regular After School Hour Programme. Please indicate the days of the week.	
	F3		Irregular After School Hour Programme. Per hour/invoiced monthly.	
	I	Holiday Camps	During specific holidays	
	J 1	Violin Instruction for Children's House:	Complete school year	
	J 2		Trial period (8 weeks)	
	J 3		Violin hire for a complete year	
	J 4		Violin hire for a trial period (8 weeks)	
	K1	Special Education Requirements	Special Educational Requirements - individual	
	K2		Special Educational Requirements - small group	
	M 1	Bus Service	Zone 1: Neighbouring communes	One way
				Return
	M 2		Zone 2: Non neighbouring communes	One way
				Return
	M3		Zone 3: Further afield	One way
				Return
Please note:				
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:

Please give the name of the person to whom to send the invoice:

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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.

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The amount of €600 is enclosed

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A bank transfer of €600 has been made to account number BE30 4345 1644 8111

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

— — — — —

Signature Parent/Guardian:

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Date (dd/mm/yyyy):

___/___/20___

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____
