

Kinder Castle Registration Document

Male <input type="radio"/>	Please Tick Gender	Female <input type="radio"/>
Child's Full Name (first, middle & surname): _____ _____		

Childs Date of Birth: _____
Childs Nationality: _____
Childs Religion: _____

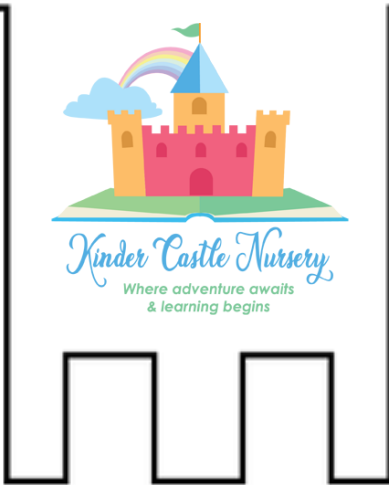
Mother's Name:

Mother's Contact Number:

Mother's Email Address:

Mother's Place of Work:

Mother's Work Contact Number:



Father's Name:

Father's Contact Number:

Father's Email Address:

Father's Place of Work:

Father's Work Contact Number:

Home Address: _____

Emergency Contact Name:

Emergency Contact Number:

Emergency Contact Relationship: _____

Emergency Contact Name:

Emergency Contact Number: _____

Emergency Contact Relationship: _____

Authorized Collection - Please provide details of any authorized adult who you give permission to collect your child from nursery:

Adults Name _____

Contact Number _____

Relationship to child _____

Adults Name _____

For anyone not listed, parents will be contacted for verification. Authorized person is to provide identification along with the answer to the below. Kindly provide a password

Schedule and Age Group





I would like to register my child for the following:

Sunrise	7 – 8am	<input type="radio"/>
KCN Programme 1	8 – 1pm	<input type="radio"/>
KCN Programme 2	8 – 3pm	<input type="radio"/>
KCN Full day	8 – 5pm	<input type="radio"/>
KCN Afternoon Programme	1 – 5pm	<input type="radio"/>

Start Date:

- Term 1 (October)
- Term 2 (January)
- Term 3 (April)

Class Group:

45 Days- 1 year	<ul style="list-style-type: none"> • Appleby Castle 		<input type="radio"/>
1 year – 2 years	<ul style="list-style-type: none"> • Arendelle Castle • Kensington Castle 		<input type="radio"/>
2 years – 3 years	<ul style="list-style-type: none"> • Magic Kingdom • Enchanted Palace 		<input type="radio"/>
3 years – 4 years	<ul style="list-style-type: none"> • Royal Palace • Oxford Castle • Windsor Castle 		<input type="radio"/>

Number of Days:

- 3 Days a week
- 5 Days a week

If not 5 days a week, please specify below the day's your child will be at nursery:

Sunday	Monday	Tuesday	Wednesday	Thursday
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Official Use ONLY:

Start Date: _____ Age Group: _____

Days Attending: _____

Class Name & Teacher: _____