

Kinder Castle Registration Document

Male

Please
Tick
Gender

Female

Child's Full Name (first, middle & surname):

Childs Date of Birth: _____

Childs Nationality: _____

Childs Religion: _____

Childs First Language: _____

Mother's Name:

Mother's Contact Number:

Mother's Email Address:

Mother's Place of Work:

Mother's Work Contact Number:

Home Address: _____

Emergency Contact Name (Other than Parents):

Emergency Contact Number:

Emergency Contact Relationship:

Emergency Contact Name (Other than Parents):

Emergency Contact Number:

Emergency Contact Relationship:

Preferred Emergency Hospital:

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

Adults Name _____

Contact Number _____

Relationship to child _____

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="checkbox"/>
KCN Programme 1	8 – 1pm	<input type="checkbox"/>
KCN Programme 2	8 – 3pm	<input type="checkbox"/>
KCN Full day	8 – 5pm	<input type="checkbox"/>
Sunset	5pm – 6pm	<input type="checkbox"/>
KCN Afternoon Programme	1.30pm – 5pm	<input type="checkbox"/>

Start Date:

- Term 1 (September 4th)
- Term 2 (January 2nd)
- Term 3 (April 8th)

Class Group:

Nursery: 45 Days- 1 year		<input type="checkbox"/>
Toddlers: 1 year – 2 years		<input type="checkbox"/>
Preschool: 2 years – 3 years		<input type="checkbox"/>
FS1: (Children must have turned 3 before August 31 st 2022)		<input type="checkbox"/>
FS2: (Children must have turned 4 before August 31 st 2022)		<input type="checkbox"/>

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:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Official Use ONLY:

Start Date: _____ Age Group: _____

Class Name & Teacher:
