



Enrollment Application

Child Information

Child's name (as it appears in passport) _____
(family name) (first) (middle) (nickname)

Anticipated Starting Date _____ Date of Birth _____ Gender Male Female
(day/month/year) (day/month/year)

Nationality on passport _____ Passport No. _____

Date of Issue _____ Date of Expiration _____
(day/month/year) (day/month/year)

Language(s) Spoken at Home _____

Home Address in Thailand _____

_____ Province _____ Postal Code _____

Home Phone Number(s) _____

Emergency Contact (other than parent or guardian) _____
(first name) (last name) (relationship)

_____ (home address)

_____ (home phone number) (mobile phone number)

Doctor Information _____
(name) (phone number) (hospital)

Previous School Attended:

School Name _____ Language of Instruction _____

Address _____ City _____ Country _____

Dates of Attendance _____ to _____ Number of Days Attended per Week _____
(month/year) (month/year)

Type of Curriculum (PYP, Reggio, American, etc.) _____

General Information

Health:

- Does your child have any vision problems? Yes No Not Sure
- Does your child have any hearing problems? Yes No Not Sure
- Do you have any concerns with your child’s speech? Yes No Not Sure
- Does your child have any dental problems: Yes No Not Sure
- Does your child have any learning disabilities? Yes No Not Sure
- Does your child have any physical health limitations? Yes No Not Sure
- Did you or your child experience any difficulties/complications during birth? Yes No Not Sure
- Has your child ever been evaluated by an education psychologist or specialist? Yes No Not Sure
- Has your child ever suffered from physical abuse? Yes No Not Sure

If yes to any of the above, please explain: _____

Adjustment to School:

- Does your child have a principal caregiver other than his/her mother or father? Yes No Not Sure
- Do you expect your child to have difficulty separating from you? Yes No Not Sure
- Does your child need assistance to go to the toilet? Yes No Not Sure
- Does your child have an inconsistent sleeping pattern? Yes No Not Sure
- Do you expect your child to have difficulty arriving to school on time? Yes No Not Sure

If yes to any of the above, please explain: _____

Eating Habits:

- Do you have any concerns with your child’s eating habits? Yes No Not Sure
- Does your child have any food allergies or dietary constraints? Yes No Not Sure

If yes to any of the above, please explain: _____

Parent/Guardian Information

Name of **Mother/Father/Stepmother/Stepfather/Guardian** (circle one) _____
(family name) (first name)

Nationality on Passport _____ Native Language _____ Second Language _____

Employer _____ Position _____

Office Address _____

Work Phone _____ Mobile Phone _____

E-mail Address _____

Name of **Mother/Father/Stepmother/Stepfather/Guardian** (circle one) _____
(family name) (first name)

Nationality on Passport _____ Native Language _____ Second Language _____

Employer _____ Position _____

Office Address _____

Work Phone _____ Mobile Phone _____

E-mail Address _____

Parent/Guardian Questions:

What are your goals for your child during his/her early years? _____

Is there any area you feel your family needs support or assistance (If yes, please explain)? _____

Do you have a hobby/interest that you would be willing to share with the children in the classroom? (If yes, please explain)

Would you like to volunteer at school as a Substitute Teacher, Room Parent, Parent Working Group member, etc. (If yes, please explain in what capacity) _____

Are you committed to having your child graduate from the Excellence Class (Kindergarten) at Magic Years? If not, how many years do you plan to attend? _____

What are your future schooling plans for your child beyond Magic Years? _____

Sibling Information:

(first name)	(last name)	(gender)	(birth date)	(school)	(grade)
(first name)	(last name)	(gender)	(birth date)	(school)	(grade)
(first name)	(last name)	(gender)	(birth date)	(school)	(grade)

Type of Program

Class* (please tick desired class below)

- Trust Class (10 months - 1.6 years)
- Caring Class (1.6 years - 2 years)
- Joy Class (2 - 3 years)
- Confidence Class (2 - 3 years)
- Peace Class (3 - 4 years)
- Unity Class (3 - 4 years)
- Creativity Class (4 - 5 years)
- Excellence Class (5 - 6 years)
- Summer School

Days per Week** (please tick below)

- 2 days (Trust Class only)
- 3 days (Trust-Confidence Classes only)
- 5 days (All classes)

Extended Hours (please tick below)

- 12:00 – 2:00pm (includes lunch and playground time)
- 2:15 – 3:00pm
- Not requested

Transportation (please tick below)

- Pick Up only
- Drop Off only
- Pick up and Drop Off
- Not required

*Children must turn the ages listed above by September 1st of the academic year. However, please note that we reserve the right to determine your child’s class placement taking into consideration his/her age, development and prior school experience.

If you are choosing a 2 or 3 day a week program, please proceed to fill out the “Part-Time Program Selection of Days” form in which you may select a **preferred set of days for your child to attend school. However, please note that we ultimately reserve the right to assign the days of the week for your child.

Electronic Communication

In our efforts to reduce paper consumption, the majority of our written communication to parents is sent via email. Please indicate below the email address(es) you would like to use to receive class newsletters and other school information. Please note that spam filters in free email accounts such as yahoo, hotmail and gmail sometimes prevent our emails from going through.

(email address #1)	(email address # 2)
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Billing Information

Tuition will be paid by: Family _____% Company _____% Other _____%

Invoice and Billing information should be sent to: _____
(name of person or company responsible for payment)

Billing Address _____
(address)

_____ (province) _____ (postal code) _____ (phone number)

Please submit with this application:

- one passport-size photo of your child
- one passport-size photo of each parent/guardian
- two passport-size photos of nanny, driver or person authorized to collect your child from school
- copy of child’s passport (ID page and page with non-immigrant visa, if applicable)
- copy of each parent/guardian’s passport (ID page and page with non-immigrant visa, if applicable)
- copy of nanny’s ID Card with parent/guardian signature
- copy of house registration (for Thai nationals only)
- completed “General Health Form” (see attached document)
- completed “Bus Service” and “Extended Hours” forms (see attached documents)

We acknowledge that the above information is complete and true to the best of our knowledge. Furthermore, we have read the Magic Years Parent Handbook and agree to comply by the rules and regulations stated within it.

Parent/Guardian Signature

Date (day/month/year)

For Office Use Only:

Date application received _____

Date of enrollment _____

First day of school _____ Class _____ Teacher _____

Date of last attendance _____ Class _____ Teacher _____

Reasons for leaving (i.e. name of school) _____