



Enrollment Form (Part II)

Child Information

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)

Food/Allergies:

What are your child's favorite foods? _____

How would you describe your child's eating habits? _____

Does your child have any allergies to food or dietary constraints? _____

How are your child's teeth? _____

Miscellaneous Information:

Does your child have any pets? (If yes, what kind?) _____

Do you expect your child to have difficulty separating from you? _____

What are your child's favorite hobbies? _____

Does your child need assistance to go to the toilet _____

Health

How is your child's present health? _____

Does your child have any vision problems? (If yes, please specify) _____

Does your child have any hearing problems? (If yes, please specify) _____

Do you have any concerns with your child's speech? (If yes, please explain) _____

How is your child's physical development? _____

Does your child have any learning disabilities? (If yes, please specify) _____

Is your child on any medication at present? (If yes, please specify) _____

Type of Program

Class* (please tick desired class below)

- Trust Class (10 months +)
- Caring Class (1.6 years +)
- Joy Class (2 years +)
- Confidence Class (2.6 years +)
- Peace Class (3 years +)
- Unity Class (3.6 years +)
- Creativity Class (4 years +)
- Excellence Class (5 years +)

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
- 3:15 – 4:00pm
- Not requested

Transportation** (please tick below)

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

*Please note that Magic Years reserves the right to determine the child's class placement taking into consideration both his/her age and prior school experience. Children must turn the ages listed above by September 1st of the first term.

**Our current promotion for the 2008-09 school year provides free transportation for Nichada Thani residents.

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 preschool years? _____

Is there any area you feel your child needs support or assistance? _____

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 the school as a Room Parent, Parent Association member, Committee member, etc. (If yes, please explain in what capacity) _____

Would you like to work as a substitute teacher? _____

Comments: _____

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)

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 child's nanny/driver/person collecting 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)