



# 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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# 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 our primary years program? 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 / Caring Class (1 - 2 years)
- Joy / Confidence Class (2 - 3 years)
- Peace / Unity Class (3 - 4 years)
- Creativity / Service Class (4 - 5 years)
- Excellence Class (5 - 6 years)
- Grade 1 (6 - 7 years)
- Grade 2 (7 - 8 years)
- Summer School

**Days per Week\*\*** (please tick below)

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

**After School Club** (please tick below)

- 1:15 – 2:00pm
- 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 requested

\*Children must turn the ages listed above by September 1<sup>st</sup> 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 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)

# 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)
  - previous school records if any

I acknowledge that the above information is complete and true to the best of our knowledge. I give full consent to Magic Years to contact my child's previous school. Furthermore, I 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)

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**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) \_\_\_\_\_