

**APPLICATION FOR ADMISSION IN MMI PRE-SCHOOL**

1. Please complete this form in **BLOCK LETTERS**
2. Please fill all the dates in this format: **DD/MM/YY**
3. The following documents are required together with this registration form

**IMPORTANT DOCUMENTS**

<input type="checkbox"/> Copy of Child's Birth Certificate	<input type="checkbox"/> Copy of Child's Immunisation record/Medical record
<input type="checkbox"/> Copy of Parents ID card or Passport and House Reg.	<input type="checkbox"/> 6 Passport sized photographs of your child
<input type="checkbox"/> 4 photos of Father <input type="checkbox"/> 4 photos of Mother	<b>School bus required</b> <input type="checkbox"/> Yes    1 way    2 ways <input type="checkbox"/> No
Date of Admission    ___ / ___ / _____ (DD/MM/YY)	Date of withdrawal    ___ / ___ / _____ (DD/MM/YY)
Where did you hear about our School? _____	

**OUR PROGRAMMES**

<input type="checkbox"/> Toddler Group	18 months – 2 years	9 am – 11:30 am	3 days a week (Tues, Wed, Thurs)
<input type="checkbox"/> Nursery 1	2 - 3 years	8:30 am – 12:00 pm	5 days a week Half day
<input type="checkbox"/> Nursery 2	2 - 3 years	8:30 am – 2:30 pm	5 days a week Full day
<input type="checkbox"/> Casa 1 & 2	3 - 6 years	8:30 am – 2:30 pm	

**CHILD'S PARTICULARS**

<b>Last Name:</b>		<b>First Name:</b>		<b>Nickname:</b>	
<b>Address</b>					
<b>Home Phone #</b>			<b>Fax #</b>		
<b>Email Address</b>			<b>Date of Birth</b>		
<b>Sex</b>		<b>Place of Birth</b>			
<input type="checkbox"/> Male <input type="checkbox"/> Female					
<b>Nationality</b>					
<b>Languages Spoken</b>		<b>Level of English Spoken</b>		<input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Little <input type="checkbox"/> None	
<b>Child lives with</b>		<b>Total No. of brothers / sisters</b>			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian					
<b>Family Doctor</b>			<b>Contact No.</b>		
<b>Hospital/Clinic</b>					

**Have you ever consulted an Educational Psychologist for your child, or received any kind of special help because of learning difficulties or social challenges?**

- Yes      If yes please explain  
 \_\_\_\_\_  
 \_\_\_\_\_
- NO

**Does your child have any allergies? (please circle)**

**Food**

**Medicine**

- Yes (please specify) \_\_\_\_\_       Yes (please specify) \_\_\_\_\_
- NO       NO

**FATHERS / GUARDAINS PERSONAL DATA**

Name as in Passport			
Relationship to the child	Father Guardian		
ID or Passport No.	Date of Birth	Nationality	Marital Status
Home Address			
Mobile No	Email	Website	
Company's Name		Office Number	
Company's Address			Occupation

**MOTHERS PERSONAL DATA**

Name as in Passport			
ID or Passport No.	Date of Birth	Nationality	Marital Status
Home Address			
Mobile No	Email	Website	
Company's Name		Office Number	
Company's Address		Occupation	

**IN CASE OF AN EMERGENCY**

**In case of emergency, when parents cannot be contacted, who should the Pre-school contact?**

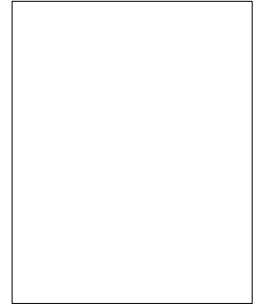
Name : \_\_\_\_\_

ID/Passport No : \_\_\_\_\_

Relationship with child : \_\_\_\_\_

Tel No : \_\_\_\_\_

Address : \_\_\_\_\_



**The following named individuals are the only ones authorized to pick up my child from pre-school. The pre-school is indemnified from damages, claims or any liabilities which may result from the staff of the pre-school releasing my child to me or to any person named below.**

Place Photo here	Place photo here	Place photo here	Place photo here
Mother	Father	Name: _____ Phone# _____ Relationship to child _____	Name: _____ Phone# _____ Relationship to child _____

Permission to publish my child's photo / video for school internal and external materials and promotional publications such as websites, Facebook, magazines etc.

Yes

No

Any special instructions or requests \_\_\_\_\_

## DECLARATION

1. I hereby release, indemnify and hold harmless against the Pre-school for any accident that may occur to my child while he/she is at the Pre-school.
2. Permission is hereby granted for my child to participate in any outings or excursions as you may conduct in connections with activities of the Pre-school.
3. I hereby release, indemnify and hold harmless against the Pre-school for any or all damages, claims and other liabilities resulting from such outings.
4. The cost of any such outings will be borne by me.
5. Permission is hereby granted to the Pre-school to seek medical or hospital attention for my child in the event of any emergency when it is not possible to contact me.
6. I understand that I am required to continue the payment of the term's school fees (in full) even if my child is away from the Pre-school due to illness, holiday, etc.
7. I understand that the registration fee is non-refundable.
8. If under certain circumstances, a student has to withdraw from the school after having paid or committed to the school programme, the parents must notify the school office by completing the withdrawal form at least one month prior to leaving the school. The will not accept email notification or cancellations via the telephone.
9. I have received and read the Rules and Regulations of the Pre-school as outlined in the Parents' Handbook and I agree to abide by the terms and conditions.
10. MMI maintains a no refund policy on tuition fees once the school year has begun.
11. The details in this form are to the best of my knowledge true and correct and I will keep the Pre-school informed of any changes.

I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have willfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

## FOR OFFICE USE ONLY

### Check List of Documents

- Fully completed the Application Form
- A copy of Child's and Each parent's passport or Thai ID card
- House Registration or Proof of Residence
- A copy of the Child's Immunisation record/Medical record
- 6 photographs of the Child and 4 photographs each of Mother and Father
- 2 photographs of each person with permission to pick up your child
- Received and signed for the Parents Handbook

