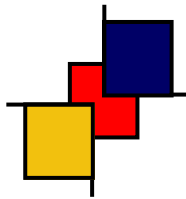


# Lavington Montessori Kindergarten

Apple Cross Rd, off Mbabane Rd, off James Gichuru Rd, Lavington

P.O. Box 811, 00606 Nairobi Kenya • Telephone 4348532 / 2089894 / 0721-601-390

Email: info@lavingtonmontessori.co.ke/www.lavingtonmontessori.co.ke



## APPLICATION FORM

The acceptance and placement is based on space available as well as the suitability of our school program for your child. Your child will be placed on the waiting list according to age and date we have received this application.

Please submit a non-refundable Registration Fee of **Ksh 12,000/-** with this application.

Photo

Child's Names: \_\_\_\_\_

**Last**

**First**

**Middle**

Residential Address: \_\_\_\_\_ Home Tel No: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Country of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

First Language: \_\_\_\_\_ Religion: \_\_\_\_\_

Does the child live with both parents? YES \_\_\_\_\_ NO \_\_\_\_\_ If "NO" Please explain: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Firm or Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Firm or Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

Has the Child attended Kindergarten elsewhere? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES" please state where: \_\_\_\_\_

Are there, or have there been any brothers or sisters at Lavington Montessori Kindergarten? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" Give Name: \_\_\_\_\_

### Indicate if required:

Half Day:  Full Day:  Participate in Field Trips:  School Transport:

Lunch: Regular  Vegetarian  Please list any food or drinks that the child cannot take: \_\_\_\_\_

**Medical information:** Please check where applicable:

Does your child have any of the following conditions?

Allergies \_\_\_\_\_ Hay Fever \_\_\_\_\_ Hearing Difficulties \_\_\_\_\_ Speech Difficulties \_\_\_\_\_  
Asthma \_\_\_\_\_ Headaches \_\_\_\_\_ Persistent coughs \_\_\_\_\_ Convulsions \_\_\_\_\_  
Sinusitis \_\_\_\_\_ Dizziness \_\_\_\_\_ Nose Bleeds \_\_\_\_\_ Ear Aches \_\_\_\_\_  
Tires easily \_\_\_\_\_ Eczema \_\_\_\_\_ Poor vision \_\_\_\_\_ Shortness of Breath \_\_\_\_\_  
Frequent Sore throats \_\_\_\_\_ Other \_\_\_\_\_

If YES, please give information as may be necessary \_\_\_\_\_

**Childhood Diseases:**

**Please check if your child has had any of the following:**

Chicken pox \_\_\_\_\_ Pneumonia \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Mumps \_\_\_\_\_  
Measles \_\_\_\_\_ Lice \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

**Emergency Information:**

In case of an accident, which Hospital(s) should your child be taken to?

Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

In case my child develops sudden fever, I wish him/her to be given:

Calpol \_\_\_\_\_ Brufen \_\_\_\_\_ Other \_\_\_\_\_

**How did you hear about us?**

Flyers  Media  Referral  Friend  Sign Board   
Other \_\_\_\_\_

**Declaration:**

*I have read, understood and I agree to the Standard Terms and Conditions and understand they may undergo reasonable changes from time to time, as circumstances require. I accept that one full term's notice IN WRITING is required to withdraw your child from the school and that, in the event of this not being given; one term's fees must be paid in lieu. Please return this form together with the non-refundable registration fee.*

Parents/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official use only:**

Date of enrollment \_\_\_\_\_ Class \_\_\_\_\_  
Date of graduation \_\_\_\_\_ Miscellaneous \_\_\_\_\_