



## APPLICATION FORM 2020-2021

### CHILD's Personal Details

Family Name:	First Name:	Middle Name:
الاسم باللغة العربية		
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Nationality:	Spoken Language:	
Passport Number:	National Number (Jordanian Citizens Only):	

### PARENTS' DETAILS:

Family Name	First Name	Nationality
Father:		
Mother:		
Occupation	Employer's Details	ADDRESS:
Father:		
Mother :		

### CONTACT DETAILS:

Home Telephone Number:	Primary Contact Number:
Primary E-Mail Address:	
Secondary Contact Number & Email :	Emergency Contact Number & Email:

**Previous Preschools Attended (if applicable)**

Name(s) of Previous School	City/Country	Dates	Language of Instruction
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Please give us full information about any special learning needs so that an appropriate assessment may be made.

**Desired Date of Admission to ECOKIDS:**        /        / 20

**Anticipated Length of Stay at ECOKIDS:**

1 Term                      Full Year                      2 Years                      Other(specify): \_\_\_\_\_

**I have read the "undertaking" attached and agree to abide by it.**

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**\* When registering your child kindly bring copy of valid passport + 2 passport photos**

**Official Use Only**

**Class to be offered :**  Pre1                       Pre2                       KG

**TERM/YEAR:** \_\_\_\_\_

**TUITION FEE RECEIVED**

Yes     No

**VACCINATION RECORD PROVIDED**

Yes     No

**COPY OF BIRTH CERTIFICATE**

Yes     No

**TWO PASSPORT PICTURES**

Yes     No

**STARTING DATE**

\_\_\_\_\_

**WITHDRAWAL DATE**

\_\_\_\_\_

## Medical Record

It is essential that this information is completed fully and returned to the school before your child enrolls in school.

### Personal Information:

Name:

Date of Birth:

Nationality:

Home telephone:

Mobile telephone:

Emergency contact telephone number other than home or work

1. \_\_\_\_\_
2. \_\_\_\_\_

Name of doctor:

Tel. No:

### Immunizations

Your child's vaccination book is requested as an important and valuable document. A photocopy will be taken and the book returned to you immediately.

It cannot be stressed enough to remind parents to keep their child's vaccinations up to date and to remember to upgrade the school medical file each time a new vaccine has been administered.

If your child is absent from school due to health reasons please send a note to the nurse with an explanation.

An absence of more than three consecutive days requires a doctor's certificate.

**Medical History:**

Does your child have a history of, or suffers from, any of the following:

	Yes	No
Asthma		
Diabetes		
Heart Disease		
Epilepsy		
Otitis Media		
Allergies		
Hearing Defects		
Speech Defects		
Vision Defects		
Surgical Operations		
Childhood Diseases		
Chickenpox		
Measles		
Mumps		
Rubella		

Is your child on regular medication?  Yes /  No

The school is equipped with basic medications (homeopathic antiseptic creams, natural cough suppressants, etc...).

Would you prefer that none of these first aid remedies be administered in case of need?

No, Do not administer:

Yes, please administer if necessary:

Is your child allergic to any medication?  Yes /  No

If yes, please state: \_\_\_\_\_

**Please note that in case of absolute emergency, it is the school policy that the school doctor admit your child to the nearest hospital while the school contacts you. Kindly indicate if you have any objection to this procedure.**

**Approve**

**Disapprove**

**Regular, general health inspections (eyesight, height, weight) are made at the school by the school doctor.**

By signing you agree to regular health checks.

Signature of parent or guardian:	Date:
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