



APPLICATION FORM 2021-2022

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 |
|----------------------------|--------------|-------|-------------------------|
|----------------------------|--------------|-------|-------------------------|

| | | | |
|-------|-------|-------|-------|
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |

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 "Fees Policy" and agree to 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: |
|----------------------------------|-------|