



REGISTRATION FORM

PERSONAL INFORMATION

Please complete in BLOCK CAPITALS

Please use one application form for each child

Please return to the Kindergarten

Name(s)	Preferred name
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Surname	Gender
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Date of birth	Place of birth city	Nationality
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Mother's name	Father's name
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Other languages spoken	Home language
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Address
Current home address

1. Phone number

2. Phone number

Other :

Application for : Group			
1st Level – Suzy	2nd Level – Garfield	3rd Level – Stuart	0.class – Pre-School

Date.....

Mother's sign

Father's sign