



## Registration Form

### Child's Information

Family name : _____ <small>(surname)</small>	Date of Birth: ___/___/___ (dd/mm/yy)
First name(s) : _____	Gender: boy/girl
Address : _____	
Postal code : _____	
Town : _____	Country: _____
e-mail : _____	Telephone (home) _____
Child's Nationality : _____	
Child's preferred language: _____	
Other languages spoken: _____	

### **Information about the parents:**

	<b>Father:</b>	<b>Mother:</b>
Name	: _____	: _____
Telephone (mobile)	: _____	: _____
Address	: _____	: _____
Postal code	: _____	: _____
Town	: _____	: _____
Country	: _____	: _____
Date of birth	___/___/___ (dd/mm/yy)	___/___/___ (dd/mm/yy)
Native country	: _____	: _____
Nationality	: _____	: _____
Marital status	: _____	: _____
Liable (responsible)	: yes/no	: yes/no
Profession	: _____	: _____
Employer's name	: _____	: _____
Address	: _____	: _____
Telephone	: _____	: _____

### **SIBLINGS**

Other children in the family:		
brother/sister	age:	brother/sister
		age:
		brother/sister
		age:

### **MEDICAL INFORMATION**

Does your child suffer from any allergies	<input type="checkbox"/> yes	<input type="checkbox"/> no	
if yes, what are they? _____			
Does your child suffer from epilepsy?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Does your child have any hearing problems?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Does your child have any sight problems?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Are glasses worn? <input type="checkbox"/> yes <input type="checkbox"/> no

Details of any other conditions the school should be aware of : \_\_\_\_\_

Medicine to be used (in school if necessary): \_\_\_\_\_

Medical reason : \_\_\_\_\_

Name family doctor: \_\_\_\_\_

address: \_\_\_\_\_

telephone: \_\_\_\_\_

**EMERGENCY CONTACT NR**

*(This will be used in the event of an emergency if the school is unable to contact either parent)*

Name of person : \_\_\_\_\_

Telephone nr : \_\_\_\_\_

Relation : \_\_\_\_\_

*Quotation of article 7 of “Het bekostigings besluit WBO” (=Dutch Primary School Law)*

1. Every parent has the right to check and correct any data in the pupil administration database concerning their child.
2. Management is not permitted to pass this information to any person, other than those who are legally authorized to access data in the school’s administration system, without prior parental permission.

**School Attendance Information**

Expected start date: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

Preferred days of attendance:

Monday       Tuesday       Wednesday       Thursday       Friday

Expected length of stay in area (no commitment) : \_\_\_\_\_

**Fees**

Fees are currently € 90\* per month per morning reserved. There is a second child reduction of 10%.  
 \*(The Pre-school Board reserves the right to change the daily rate as necessary. Any changes will be advised in advance.)

School fees are due monthly.  
 Students entering or leaving will be pro-rated out by the treasurer based on the daily rate and number of days attended. An administrative charge will be levied against late payers. **Parents are solely responsible for payment of all fees due.** However, a receipt will be provided on request for those parents who wish to reclaim from their employers.

**Declaration**

I/We the parents of \_\_\_\_\_ wish to enroll my/our child in the Mosaic International Pre-school. We confirm our acceptance of the school fee structure and will make the necessary payment of fees for the days my/our child is in attendance in accordance with the conditions specified.\*

Signature of parent: \_\_\_\_\_

Name (please print name of signatory): \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**We charge € 150 enrolment fee for administration costs. Please enclose with this form.**

\*Please note that on completion of this registration form your child will be added to our waiting list. We cannot always guarantee that a place will be available for your child on the exact date that you would like them to start. Additionally, from ages 2 and 2 ½ years, the student is allowed 2 days per week. Upon reaching the age of 2 ½ years, more days per week can be added depending on available space in the classroom.

**Medical Declaration**

I/ We the parents of \_\_\_\_\_ have enrolled our child in the Mosaic International Pre-school. In the event of an accident or illness, if it has been impossible to contact me/us, I/we give permission for a member of the staff to take the above named child to the Doctor/ Hospital and to authorise medical treatment should it be necessary.

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

Name (please print name of signatory): \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For school use only**

Date registration form received: \_\_\_\_\_ Enrolment fee received: \_\_\_\_\_ Start date \_\_\_\_\_

Number of days: \_\_\_\_\_

Siblings in school: Yes No

Additional notes: