



42 UPPER WATERLOO ROAD
KINGSTON 8
TELEPHONE: 925-8482
EMAIL: KIDCITYSHOOL@GMAIL.COM

APPLICATION FORM

Please complete ALL Sections. Write "Not Applicable or (N/A)" in any section that does not apply.

FULL NAME OF CHILD.....

AGE.....DATE OF BIRTH.....

PERSONAL INFORMATION

- (a) Any allergies.....
- (b) Likes/Dislikes.....
- (c) Eating.....
- (d) Sleeping Habits.....
- (e) Other Information.....

Is he/she toilet trained? Yes..... No.....

IMMUNIZATION INFORMATION

Has he/she had ALL shots?

DPT.....POLIO.....MEASLES.....TUBERLIN TEST.....

RUBELLA (German Measles)..... (Copy of Immunization Record attached)

DATE OF ADMISSION.....WEEKLY.....DAILY.....HOURLY.....

Payments to be made MONTHLY.....WEEKLY.....DAILY.....HOURLY.....

FAMILY INFORMATION

Parent or Guardian.....Please indicate which applies, if Guardian,
please state relationship to child.....

NAME.....

ADDRESS.....

OCCUPATION.....

TELEPHONE #: Home.....Work.....

EMAIL.....

IN CASE OF EMERGENCY NOTIFY:

NAME.....

ADDRESS.....

.....

TELEPHONE #.....

NAME OF CHILD'S DOCTOR AND ADDRESS.....

.....

TELEPHONE #.....

If this should become necessary, may we call the Centre's Pediatrician, and can treatment be administered? Yes.....No.....

Is your child free of all contagious disease? Yes.....No.....

Does your child suffer from any of the following illnesses?

Asthma.....Epilepsy.....Hay Fever.....

Person(s) to collect child from school.....

.....

Any legal or confidential information.....

.....