



Purple Potamus

Preschool and Junior Kindergarten

A Journey of Creativity & Learning

ENROLLMENT FORM

Please check mark the class you need and submit with the payment of Registration \$100 and one-month tuition fee as deposit

<input type="checkbox"/>	Age 3 - 5	2 Day Program	Tues & Thurs	8:30am - 11:30am	\$ 200/month
<input type="checkbox"/>	Age 3 - 4	2 Day Program	Tues & Thurs	12:30pm - 2:45pm	\$ 200/month
<input type="checkbox"/>	Age 3 - 5	Jr. KG 3 Day Program	Mon, Wed, Fri	8:30am - 11:30am	\$ 250/month
<input type="checkbox"/>	Age 3 - 5	Jr. KG 3 Day Program	Mon, Wed, Fri	12:30pm - 3:30pm	\$ 250/month
<input type="checkbox"/>	Age 3 - 5	Jr. KG 5 Day Program	Mon - Fri	8:30am - 11:30am	\$ 350/month
<input type="checkbox"/>	Age 3 - 5	Jr. KG 5 Day Program	Mon - Fri	12:30pm - 3:30pm	\$ 350/month

Date of commencement: _____

STUDENT INFORMATION

Child's full Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____ Postal Code _____

Home Phone: _____

PARENT INFORMATION

Mother (or Legal Guardian) _____

Address: _____ Postal Code _____

Email: _____ Cell# _____

Work Place: _____ Work Place# _____

Work Address: _____

Father (or legal Guardian) _____

Address: _____ Postal Code _____

Email: _____ Cell# _____

Work Place: _____ Work Place# _____

Work Address: _____

Are parents living together? Yes No

If no, who has custody of child during preschool hours?

Is there any person NOT allowed access to your child Yes No

Please provide details: _____

Please note: In case of custody battle, the parent is required to provide legal court papers.

Sibling's Names and Ages: _____

Is immunization up to date? Yes No

*A copy of your child's immunization record is to be given to the Director.

ALLERGIES & VACCINATION INFORMATION:

List any allergies your child has and explain briefly the typical reactions.

Is your child receiving any on-going medication? Please specify name and dosage and the purpose of which it is given. Purple 'Potamus preschool will not administer any oral medications at school.

For us to administer Epipen or Ventolin, you must fill up the consent form first.

Is there a health problem that could produce or interfere with an emergency situation? Or prevent from full activity (e.g. Diabetes, Epilepsy etc.) Yes No

If Yes, details: _____

EMERGENCY CONTACT & PICK UP AUTHORISATION (Persons other than the parents, who are available during school hours to pick up the child in an emergency when parents cannot be contacted):

1. Name: _____ Phone#: _____ Cell: _____
Relationship to Child: _____ Address: _____

2. Name: _____ Phone#: _____ Cell: _____
Relationship to Child: _____ Address: _____

3. Does your child have

- A speech problem? Yes No A hearing problem? Yes No
- A history of intermittent ear infections? Yes No
- Vision problem? Yes No A skin condition? Yes No

4. Does your child have tantrums if Yes, explain how you deal with it: _____

5. Has your child attended a preschool/daycare before? _____

6. What language(s) are spoken at home? _____

7. Does your child have any fears or phobias we should be aware of? _____

8. Please indicate if your child is receiving funding and will be attending with an assistant?
Yes No Our child may require an assistant but it is not known at this time

THE ABOVE INFORMATION IS ALL CORRECT TO MY KNOWLEDGE AND AGREE TO THE TERMS ABOVE.

Parent/Guardian Name: _____

Parent/Guardian Signatures: _____ Date: _____

HOW DID YOU HEAR ABOUT US?

- Friend Website Social Media Road Signage TV Add
- Front Signage Other _____