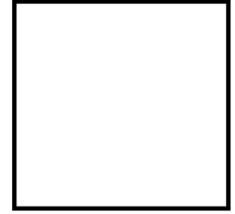


## APPLICATION FORM

This application must be submitted with the following:

1. A copy of student's birth certificate
2. A medical certificate from a local hospital.
3. A copy of passport(s) for foreign parent(s)
4. A copy of ID & House Registration for Thai parent(s)
5. 4 passport size photos of student
6. 1 passport size photo of each parent
7. Covid 19 Vaccination Certificate / Record



### STUDENT DETAILS

First Name \_\_\_\_\_ Surname \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place Of Birth \_\_\_\_\_ Age \_\_\_\_\_  
DD/MM/YY

Male ( ) Female ( ) Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Languages Spoken At Home \_\_\_\_\_ Other Languages Understood \_\_\_\_\_

Child's Attendance: ( ) Full Day ( ) Half Day ( ) After School Care

Dietary Specifications: ( ) Vegetarian ( ) Non Vegetarian ( ) Halal ( ) Jain

### PARENTS DETAILS

Marital Status: ( ) Single ( ) Married ( ) Divorced ( ) Widow/er

**Father's Name:** \_\_\_\_\_ Nationality: \_\_\_\_\_  
First Name Middle Name Surname

Company Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_ Cell No: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Nationality: \_\_\_\_\_  
First Name Middle Name Surname

Company Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_ Cell No: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

### Authorization To release Child :

Name of person(s) other than parents to whom your child may be released after school:

Nanny's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child \_\_\_\_\_ Tel: \_\_\_\_\_

**Health Records:**

Is there any health or medical condition that requires the attention of the school (including toilet training)?

\_\_\_\_\_

Drug / Food /Drink Allergies: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_ Tel: \_\_\_\_\_

Person to contact (other than parents) in an emergency;

Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Relation to child \_\_\_\_\_

If you would like to provide more information about your child's interests, likes & dislikes, and other characteristics we should be aware of to make his/her stay more comfortable, please attach a separate sheet.

**Payment Record:**

Person responsible for tuition fee: \_\_\_\_\_ Relation to child \_\_\_\_\_ Tel: \_\_\_\_\_

**Other Details:**

Name of school your child last attended; \_\_\_\_\_

How did you hear about Storytime Preschool?

- Word of Mouth   
  Google   
  Yahoo   
  Facebook   
  Instagram  
 Relocation Agency   
  Embassy   
  Advertisement   
  Friend's child enrolled   
  Other. Please specify

Why did you choose to apply at Storytime Preschool?

- Curriculum   
  Facilities   
  Friend's child enrolled  
 Location   
  Teachers/ Staff   
  Other (please specify)

**Parents' Agreement;**

1. Whilst the management makes every effort to ensure safety in the school, I will not hold the school responsible for any accidents that may occur during my child's enrollment. Permission is hereby granted to the school to seek medical or hospital attention for my child in the event of any emergency.
2. I hereby accept and agree to pay the fees in full before begin of the term. I also understand and agree that if I default in paying the fees, the school has the right to exclude my child from attendance.
3. I am required to continue the payment of the term's school fees in full if and when my child is away from school due to illness, holiday or due to other reasons.
4. I understand that the registration fee and school fees are non-refundable and non-transferable to other fees e.g., summer school fees, extra activity fees, van fees or towards the next upcoming school term.
5. From time to time the school will post pictures of students on Facebook, Instagram and use photos for marketing purposes. If you do not wish that your child's picture is included, please inform the school in writing.
6. I hereby agree to release, indemnify and hold harmless Ploenchit International Kindergarten, Co., Ltd., its teachers, officers, directors and employees against any liability resulting from any, damage, injury to my child, or other claims, while my child is enrolled in Storytime Preschool Bangkok.
7. The school reserves the right to amend any clause stated herein without prior notice.
8. I declare that the information provided in this application by me is true and I have read and accepted all polices and conditions mentioned herein.

**Signature of Parent:** \_\_\_\_\_ **Name of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use only**

Registration Fee: \_\_\_\_\_

Proposed Class: \_\_\_\_\_

Possible Date of Enrollment: \_\_\_\_\_

Remarks/Reference: \_\_\_\_\_

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Application Received by: \_\_\_\_\_ Date \_\_\_\_\_