

Public Private Partnership for Expanding Access to Kindergarten level 2

Child Enrolment Application

I. <u>General Information</u>			
a. Child's name	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <i>Name as it appears in the birth certificate</i>	b. Sex	<input type="radio"/> Male <input type="radio"/> Female
c. Date of Birth	<div style="display: flex; justify-content: space-between; align-items: center;"> ___ / ___ / _____ </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: small;"> Day Month Year </div>	d. Place of Birth	<div style="border-bottom: 1px solid black;"></div>
e. Child home address	<div style="border-bottom: 1px solid black;"></div>	f. Home phone number	<div style="border-bottom: 1px solid black;"></div>
g. Father's name	<div style="border-bottom: 1px solid black;"></div>	h. Father's mobile number	<div style="border-bottom: 1px solid black;"></div>
i. Father's Occupation	<div style="border-bottom: 1px solid black;"></div>	j. Is this salaried/regular work?	<input type="radio"/> Yes <input type="radio"/> No
k. Father's work address	<div style="border-bottom: 1px solid black;"></div>	l. Father's qualification	<input type="radio"/> High School diploma <input type="radio"/> Undergraduate degree <input type="radio"/> Graduate degree
m. Mother's name	<div style="border-bottom: 1px solid black;"></div>	n. Mother's mobile number	<div style="border-bottom: 1px solid black;"></div>
o. Mother's Occupation	<div style="border-bottom: 1px solid black;"></div>	p. Is this salaried/regular work?	<input type="radio"/> Yes <input type="radio"/> No
q. Mother's work address	<div style="border-bottom: 1px solid black;"></div>	r. Mother's qualification	<input type="radio"/> High School diploma <input type="radio"/> Undergraduate degree <input type="radio"/> Graduate degree
II. <u>Emergency Contact</u>			
a. Emergency contact 1	Name <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Mobile Number <div style="border-bottom: 1px solid black;"></div>	b. Relation to the child	<div style="border-bottom: 1px solid black;"></div>
c. Emergency Contact 2	Name <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Mobile Number <div style="border-bottom: 1px solid black;"></div>	d. Relation to the child	<div style="border-bottom: 1px solid black;"></div>
III. <u>About the family</u>			
a. Order of the child in the family	<div style="border-bottom: 1px solid black;"></div>	d. Working <input type="checkbox"/> In school <input type="checkbox"/> Not working or in school	
b. Number of brothers	<div style="border-bottom: 1px solid black;"></div>		<div style="border-bottom: 1px solid black;"></div>
c. Number of sisters	<div style="border-bottom: 1px solid black;"></div>		<div style="border-bottom: 1px solid black;"></div>

		e. Working In school Not working or in school	____ ____ ____
f. The child lives with	_____		
IV. About the child			
a. Has your child been previously enrolled in kindergarten?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is Yes, which grade was the child in?	<input type="radio"/> KG1	<input type="radio"/> KG2	
ii. What's the name of the KG the child was in?	_____		
iii. What's the address of the KG the child was in?	_____		
b. Does your child suffer from any health condition?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is Yes, please write down what is the health condition	_____		
c. Has your child ever had an operation/surgery?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is yes, please write down the type of surgery	_____		
ii. If yes, what was the child's age when he had the surgery?	_____		
d. Does your child have allergy to any medication?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is Yes, please specify which drugs s/he is allergic to	_____		
e. Does your child have allergy to any food?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is Yes, please specify which types of food can cause them allergy	_____		
f. Does your child suffer from a developmental delay?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is Yes, please specify?	_____		
g. Does your child suffer from a disability?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is Yes, please specify?	_____		
ii. Name of health center that supervises your child	_____		
V. Economic Status:			
a. Is your monthly family income below USD 600? ?	<input type="radio"/> Yes	<input type="radio"/> No	
b. Does the family provider support other family members from the extended family?	<input type="radio"/> Yes	<input type="radio"/> No	
c. Does your family receive any form of support cash or in kind from MOSD or other non-governmental organizations?	<input type="radio"/> Yes	<input type="radio"/> No	
d. Does any of the family members have any kind of disability or need of any kind of special health care?	<input type="radio"/> Yes	<input type="radio"/> No	
i. If the answer is yes, please specify family member and disability type?	Family member _____ Type of disability		

ii.	Do they receive any in-kind or cash support from MOSD (e.g. medications, costs for doctor visits, hearing aids, wheel chair, etc.)?	<input type="radio"/> Yes	<input type="radio"/> No
VI. Enclosed documents checklist			
a.	Child's birth certificate	<input type="radio"/> Yes	<input type="radio"/> No
b.	Personal photo of the child (4)	<input type="radio"/> Yes	<input type="radio"/> No
c.	Copy of UN card if available	<input type="radio"/> Yes	<input type="radio"/> No

Parent Signature

Name _____

Signature _____

Date _____

Registrar Signature

Name _____

Signature _____

Date _____