



Kampala Community International Preschool

Inspiring young children to live, love and learn.

Enrollment Form

Child Details															
Surname/Family Name				Gender		Male		Female							
First Name				Date of Birth											
Middle Name						/			/						
Preferred Name				D	D		M	M		Y	Y				
Address															
Child's residential address 1						Child's residential address 2									
Address						Address									
City/Town						City/Town									
Cultural Background															
In which country was your child born?															
If the child speaks a language other than English at home, what languages (including English) does the child speak?															
Main language:															
Other language/s:															
Does KCIP need to be aware of any cultural or religious requirement?						Yes		No							
Details:															
School Details															
When will the child start school?		Month/Term		Year		Or date (if known)									
Program															
Play Group (18 months)		Extended Care		AM		PM		AM/PM		Lunch		Yes		No	
Toddler (2 yrs.)															
Early Learner's (3 yrs.)		For Play Group indicate days (MWF or TTH):													
Pre-Kindergarten (4-5 yrs.)															
Medical Conditions															
Does the child have a diagnosed medical condition that may require support?						Yes		No							
Details:															

Does the child have any allergies?					Yes		No		
Details:									
Are there any health/allergy related dietary restrictions?					Yes		No		
Details:									
Details of child's Doctor/Clinic									
Doctor/Clinic name				Address					
Telephone number				City/Town					
Development									
Eating									
Is the child on any special diet?	Yes		No		Vegetarian		Other		
Does your child have any food allergies?	Yes		No		If yes, please specify:				
Sleeping									
Does the child nap?	Yes		No		Do you want your child to nap at school?	Yes		No	
Toileting									
Does the child use diapers?	Yes		No		Does the child use the toilet?	Yes		No	
Does the child need regular reminders to use the toilet?						Yes		No	
Social and Emotional									
Do you have any concerns about your child's development?							Yes		No
Details:									
Has the child been in child care/preschool before?							Yes		No
Details:									

Does your child have any fears?				Yes		No	
Details:							
Does your child enjoy specific activities?				Yes		No	
Details:							
Parent/Guardian 1				Parent/Guardian 2			
Surname/Family Name				Surname/Family Name			
First Name				First Name			
<i>If different than child, please provide address</i>				<i>If different than child, please provide address</i>			
Address				Address			
City/Town				City/Town			
Email				Email			
Cell				Cell			
Relationship to child				Relationship to child			
Profession				Profession			
Employer				Employer			
<p><i>Please provide the names and details of other individuals authorized to pick the child. Note that they will be asked to provide an official identification when picking the child for the first time or if they are unknown by a staff member. Thanks in advance for your cooperation to ensure the safest environment for our children at KCIP.</i></p>							
Contact 1				Contact 2			
Surname/Family Name				Surname/Family Name			
First Name				First Name			
Cell				Cell			

Relationship to child		Relationship to child	
Contact 3		Contact 4	
Surname/Family Name		Surname/Family Name	
First Name		First Name	
Cell		Cell	
Relationship to child		Relationship to child	
<i>In case of an emergency and we cannot get in contact with either parent/guardian we will contact an individual from the child's emergency contact list to come and pick up the child.</i>			
Emergency Contact 1		Emergency Contact 2	
Surname/Family Name		Surname/Family Name	
First Name		First Name	
Cell		Cell	
Relationship to child		Relationship to child	
Emergency Contact 3		Emergency Contact 4	
Surname/Family Name		Surname/Family Name	
First Name		First Name	
Cell		Cell	
Relationship to child		Relationship to child	