

## **Kampala Community International Preschool**

Inspiring young children to live, love and learn

## **Enrollment Form**

<b>Child Details</b>								
Surname/Family Name			Gender	•	Male		Fem	ale
First Name			Date of	Birth		•		
Middle Name				/		/		
Preferred Name			D D		ММ		Y	Υ
Address								
Child's residential address	.1	Child's residentia	l address	2				
Address		Address						
City/Town		City/Town						
<b>Cultural Background</b>		· ·						
In which country was your child								
born?								
If the child speaks a language of Main language:	her than English at home, wh	nat languages (including	English) de	oes the	child sp	eak?		
Other language/s:								
Does KCIP need to be aware of a	any cultural or religious requir	rement? Yes		No				
School Details								
When will the child start school	? Month/Term	Year	(	Or date	(if know	/n)		
Program	_ L	L	ı					
Play Group (18 months) Toddler (2 yrs.)	Extended Care A	M PM	AM/PM	Lunch		Yes		No
Early Learner's (3 yrs.)	For Play Group indicate d	ays (MWF or TTH):						
Pre-Kindergarten (4-5 yrs.)								
Medical Conditions  Does the child have a diagnosed medical condition that may require support?  Yes No								
Does the child have a diagnosed Details:	medical condition that may i	require support?			Yes		I N	10
Details:								

Details:  Details of child's Doctor/Clinic  Doctor/Clinic mame  Address  City/Town  Development  Eating  Is the child on any special diet? Yes   No   Vegetarian   Other    Does you child have any food   Yes   No   If yes, please specify:    Sleeping  Does the child use diapers?   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 deed regular reminders to use the toilet?   Yes   No    Does the child have any concerns about your child's development?  Details:  Has the child been in child care/preschool before?  Pes   No    Details:	Does the child have any allergies	?						Yes	No	
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Telephone number  City/Town  Development  Eating Is the child on any special diet?  Yes	Details:									
Telephone number  City/Town  Development  Eating Is the child on any special diet?  Yes										
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Does the child nap?   Yes		Yes	No				cify:			
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 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 No Social and Emotional Yes No No Details:	allergies?									
Toileting  Does the child use diapers?	Sleeping									
Does the child use diapers? Yes No Does the child 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	Does the child nap?	Yes	No		Do you v	vant you	r child	d to nap at school?	Yes	No
Does the child need regular reminders to use the toilet?  Social and Emotional  Do you have any concerns about your child's development?  Details:  Has the child been in child care/preschool before?  Yes No  No  Yes No	Toileting									
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Do you have any concerns about your child's development?  Details:  Has the child been in child care/preschool before?  Yes No	Does the child need regular reminders to use the toilet?						Yes	No		
Details:  Has the child been in child care/preschool before?  Yes No										
Has the child been in child care/preschool before?								No		
	Details:									
Details:		reschoo	ol before?						Yes	No
	Details:									

Does your child have any	fears?		Yes No
Details:			
B 131 1			I W I I No. I
Does your child enjoy spe Details:	ecific activities?		Yes No
Details.			
Parent/Guardian 1		Parent/Guardian 2	
Surname/Family Name		Surname/Family Name	
- Cumumor running running		ourname, running runne	
First Name		First Name	
If different than a	child, please provide address	If different than	child, please provide address
A al alassa a s		A -1 -1	
Address		Address	
Address City/Town		Address  City/Town	
City/Town Email		City/Town Email	
City/Town		City/Town	
City/Town  Email  Cell		City/Town Email Cell	
City/Town Email		City/Town Email	
City/Town  Email  Cell  Relationship to child		City/Town  Email  Cell  Relationship to child	
City/Town  Email  Cell		City/Town Email Cell	
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City/Town  Email  Cell  Relationship to child  Profession		City/Town  Email  Cell  Relationship to child  Profession	
City/Town  Email  Cell  Relationship to child  Profession  Employer	ames and details of other indivi	City/Town  Email  Cell  Relationship to child  Profession  Employer	ck the child. Note that they will
City/Town  Email  Cell  Relationship to child  Profession  Employer		City/Town  Email  Cell  Relationship to child  Profession  Employer	
City/Town  Email  Cell  Relationship to child  Profession  Employer  Please provide the mode asked to provide the mode.	ide an official identification whe	City/Town  Email  Cell  Relationship to child  Profession  Employer  Eduals authorized to piden picking the child for	the first time or if they are
City/Town  Email  Cell  Relationship to child  Profession  Employer  Please provide the mode asked to provide the mode.	ide an official identification whe member. Thanks in advance for	City/Town  Email  Cell  Relationship to child  Profession  Employer  Eduals authorized to pide on picking the child for a your cooperation to be	the first time or if they are
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City/Town  Email  Cell  Relationship to child  Profession  Employer  Please provide the mode asked to proveunknown by a staff  Contact 1	ide an official identification whe member. Thanks in advance for	City/Town  Email  Cell  Relationship to child  Profession  Employer  Eduals authorized to piden picking the child for your cooperation to eduren at KCIP.  Contact 2	the first time or if they are
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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
In case of an emergency and we cannot get in con-	tact with either parent/guardian we will contact an
individual from the child's emergency of	ontact list to come and pick up the child.
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