



+97339019001

aps@childfoundationcenter.com

www.childfoundationcenter.com

@childfoundationcenter

P.O. Box 15446,
Flat 42, Bldg. 298, Road 3306, Block
333

Umm Al Hassam, Kingdom of Bahrain

CR No: 105460-3

Client Form for Discounted Rates

Name: _____ Gender: _____

Age: _____ D.O.B: _____ CPR No: _____

Address: _____

Contact No: _____ E-mail address: _____

Marital status: _____

Is your partner currently employed?

Yes ☐ No ☐

If so what is the job title and company:

Are you currently employed: Yes ☐ No ☐

Job title and company: _____

If yes, what capacity are you working?

- ☐ Temporary / full-time
- ☐ Temporary / part-time
- ☐ Permanent / full time
- ☐ Permanent / part-time

☐ Seasonal

☐ Others: _____

Monthly income: _____

Partner monthly income:

If not, when did you last work in paid employment?

Are you a student? Yes ☐ No ☐

If so, name the school or university.

Are your parents employed?

Father: Yes ☐ No ☐

If so, what is the job title and company?

If yes, what capacity are you working?

☐ Temporary / full-time

☐ Temporary / part-time

☐ Permanent / full time

☐ Permanent / part-time

☐ Seasonal

Others: _____

Monthly income: _____

Mother: Yes ☐ No ☐

If so, what is the job title and company?

If yes, what capacity are you working?

- ☐ Temporary / full-time
- ☐ Temporary / part-time
- ☐ Permanent / full time
- ☐ Permanent / part-time
- ☐ Seasonal

Others: _____

Monthly income: _____

The following documentation should be uploaded with this form:

- Bank Statement
- Salary Slip
- Salary Slip of Partner
- Any evidence that shows temporary loss of income

Please sign and date below:

I hereby declare all information submitted in the form is accurate and to the best of my knowledge.

Signed:

Printed Name:

Date:

Please note each case will be evaluated by the HR Team & Center Advisory Board and will take up to 15 days to process.