



Hanoi International Kindergarten

Enrolment Form

Enrolled Class: _____ Date of Commencement: _____

Full-day Program Morning Program 3 Days a week 4 Days a week 5 Days a week

Billed Per Term Billed Per Year

YOUR CHILD'S INFORMATION

Child's Last Name: _____ First Name: _____

Date of Birth: _____ Gender: Male Female

Nationality: _____ Religion: _____

Languages spoken/understood: _____

Previous Education: _____

BILLING & CONTACT INFORMATION

| | Preferred Contact (Billing) Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> | Second Contact Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> |
|------------------|--|---|
| Name: | | |
| Nationality: | | |
| Address: | | |
| Home Phone: | | |
| Mobile Phone: | | |
| Email: | | |
| First Language: | | |
| Other Languages: | | |
| Religion: | | |
| Occupation: | | |
| Company Name: | | |
| Company Phone: | | |
| Company Email: | | |

Preferred Method of Contact: Phone Email Notes sent with Child

Is a Red Invoice required in the company's name: Yes No

If Yes, please provide us with: Tax Code: _____, Company address

What are the names and birthdates of other children in your family?

Do you have any special skills you could contribute to our Kindergarten's program or have time to volunteer – eg read a story in your native language, play an instrument?

MEDICAL INFORMATION

Specify any medical conditions your child has which requiring monitoring or medication:

Specify any allergies your child has: _____

Relevant Medical History: _____

Details of your doctor in Hanoi: _____

Immunisation Record:

| | Series | Date |
|------------------------------------|--------|------|
| Polio | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| | 5 | |
| Diphtheria Tetanus Pertussis | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| MMR | 1 | |
| | 2 | |
| Hepatitis A | 1 | |
| | 2 | |
| Hepatitis B | 1 | |
| | 2 | |
| | 3 | |
| Typhoid | 1 | |
| HIB (Haemophilus Influenza Type B) | 1 | |
| | 2 | |
| | 3 | |
| Japanese Encephalitis Virus | 1 | |
| | 2 | |
| | 3 | |
| Rabies | 1 | |
| | 2 | |
| | 3 | |

EMERGENCY CONTACT DETAILS

Emergency Contacts – please provide two other than parents:

| | Contact 1 | Contact 2 |
|---------------|-----------|-----------|
| Name: | | |
| Mobile Phone: | | |
| Home Phone: | | |
| Relationship: | | |

GENERAL INFORMATION

Does your child have any special dietary needs? If yes, please specify

Is your child toilet trained?

Does your child have any special comforter? If yes, please specify

Does your child have any special interests? If yes, please specify

Does your child have any fears? If yes, please specify

Does your child usually sleep during the day? If yes, for how long?

COLLECTION AUTHORISATION

In addition to the parents/guardians listed above, please provide details of those persons authorised to collect your child from school.

| | Authorisation 1 | Authorisation 2 | Authorisation 3 |
|-------------------------------|-----------------|-----------------|-----------------|
| Name | | | |
| Mobile Phone | | | |
| Home Phone | | | |
| Relation to child | | | |
| Photo (3x4cm) (if applicable) | Photo (3x4cm) | Photo (3x4cm) | Photo (3x4cm) |

ATTENDANCE INFORMATION

| | All Day Program | Morning Program | Afternoon Program | After School Program |
|-----------|-----------------|-----------------|-------------------|----------------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

BUS SERVICE

Will your child use the bus service provided by our Kindergarten? _____

If Yes:

What is the pick up address? _____

What is the drop off address? _____

What days will you require the bus?

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|
| Pick Up for Morning Session | | | | | |
| Drop off after Morning Session | | | | | |
| Pick Up for Afternoon Session | | | | | |
| Drop off after Afternoon Session | | | | | |
| Pick up for After School Activities | | | | | |
| Drop off after After School Activities | | | | | |

ADDITIONAL INFORMATION

PERMISSION & AGREEMENT

I give the management and staff at Hanoi International Kindergarten the authority:

YES

- To use the name and/or photo of my child for the Kindergarten displays and/or promotional use
- To transport my child to and from school or kindergarten on the bus
- To apply sunscreen to my child for outside play
- For Kindergarten personnel and students to observe my child to assist in developing programs
- To allow the people listed as Parents & Contact Persons to drop off and collect my child from the Kindergarten unless otherwise specified
- To allow the people listed as Parents & Contact Persons to sign off Medication Records and Accident/Incident Reports, unless otherwise specified
- To allow the staff to administer basic first aid if required, eg bandaids on scratches, ice on bumps
- To provide my contact details as part of a Class Contact List to be provided to other class members

I agree to:

- Make timely payments of fees due
- Notify the Kindergarten if my child will not be attending
- Notify the Kindergarten if someone other than the authorised persons will collect my child
- Ensure that my child does not bring any dangerous toys or equipment to the Kindergarten
- Follow the policies of Hanoi International Kindergarten

Parent/Guardian Signature

Parent/Guardian Name

Date