



KIDZ WORLD KINDERGARTEN APPLICATION FORM

Details of Students			
First Name:	Middle Name:	Last Name:	
Date of Birth: (DD/MM/YY)	Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth:	Religion:		
CPR Number:	Passport Number:		
Languages Spoken at Home:			
Sibling(s) Name		School they are attending	

Details of Parents/ Guardians	
Father/Guardian	
Family name:	First Name:
Nationality:	Mobile No:
CPR Number:	Name of Employer:
Occupation:	
Work Tel. no:	Email:
Mother/Guardian	
Family name:	First Name:
Nationality:	Mobile No:
CPR Number:	Name of Employer:
Occupation:	
Work Tel. no:	Email:

Address				
Flat/Villa/House No:	Building:	Road:	Block:	Block (Area)Name:
Other Emergency Contact Name:			Contact Number:	



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STUDENT HEALTH AND MEDICAL HISTORY

Has your child had or required treatment for any of the following?

CONDITION	YES	NO
Measles		
Mumps		
Fits and / or Convulsions		
Persistent Headaches		
Chicken Pox		
German Measles / Rubella		
Encephalitis		
Kidney Diseases		
Poliomyelitis		
Rheumatic Fever		
Scarlet Fever		
Seizures		

CONDITION	YES	NO
Hepatitis		
Sickle Cell Anaemia		
Haemophilia / Thalacaemia		
Congenital Heart Disease		
Bone / Joint Disease		
Serious Operations / Hospitalisation		
Meningitis		
Ear Infections		
Strep Throat		
Tuberculosis		
Whooping Cough		
Other		

Student Health Information	
Does your child have any allergy to any medicine, food or products such as penicillin, betadine, peanuts, and egg? Details:	Yes / No
Does your child suffer from any chronic disease such as asthma, diabetes, epilepsy? Details:	Yes / No
Does your child have a hearing problem ? Details:	Yes / No
Does your child have any vision impairment ? Details:	Yes / No
Does your child have speech problem/speech delay ? Details:	Yes / No
Does your child have any motor function impairment ? Details:	Yes / No
Does your child have any learning disabilities ? Details:	Yes / No

Immunisation Record

Can you please provide the school with a copy of the immunisation records for your child / children? This is a requirement set by the Ministry of Health and is therefore important that you supply us with the relevant information. If you do not have the original vaccination record, please complete the vaccination report form from the Admin Office and have it certified by your family doctor

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Photo/Image Consent

Please be advised that your child may be photographed during the course of the school year. These photos and images will be used in the class, school display boards, facebook, Instagram, and our website.

I give the school permission to take pictures of my child for the reasons stated above

I **DO NOT** give the school permission to take pictures of my child for the reasons stated above

Signature of Parent or Legal Guardian _____ Date: _____

PARENT OR GUARDIAN SIGNATURE

I (we) the undersigned can confirm that I (we) have provided all the relevant information in this application form and process, and it is accurate and true to the best of my (our) knowledge at the time of completing the form.

Signature of Parent (Guardian): _____ Date: _____

Document Check List

It is important that the application form is completed as most of the information is a requirement of the Ministry of Education. It is also essential that the following information and documentation is included with the application form.

- | | |
|---|---|
| <input type="checkbox"/> A copy of your child's passport | <input type="checkbox"/> 2 recent passport sized photographs |
| <input type="checkbox"/> A copy of your child's CPR | <input type="checkbox"/> Copy of child's Immunisation record/
School's Vaccination Record Form |
| <input type="checkbox"/> A copy of your child's Birth Certificate | |
| <input type="checkbox"/> A copy of parents' CPR | <input type="checkbox"/> Nonrefundable Registration Fee BD 100/- |

FOR OFFICE USE ONLY

RECEIPT NUMBER	STUDENT ENTRY DATE
ACCEPTED FOR YEAR GROUP	STUDENT ID NUMBER



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Student Information Form

Child's Name: _____

NO EXTRA CHARGE – Please choose one

- French (Reception and Year 1 only)
- Quran (Reception and Year 1 only)



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