

date
page
reference
subject

Admission form

CHILD'S NAME

PARENTS DETAILS

Father's Name

Nationality

Email

Mobile Tel nr

Mother's Name

Nationality

Email

Mobile Tel nr

Clearly mark which person is to be contacted first in case of emergency

Home Address

Nr & Street

District

Tel. Nr

Fax nr

AUTHORISATION TO COLLECT THE CHILD

Name

Mobile Tel nr

Relationship

Name

Mobile Tel nr

Relationship

Name

Mobile Tel nr

Relationship

PROGRAM ENROLMENT

- | | | | |
|---|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Parent Child Group | <input type="checkbox"/> 2 Sessions | <input type="checkbox"/> 3 Sessions | |
| <input type="checkbox"/> "Kiddies" Early Child Hood | <input type="checkbox"/> 5 Days Full Time | <input type="checkbox"/> 5 Mornings | <input type="checkbox"/> 3 mornings |
| <input type="checkbox"/> "Big Kids" Kindergarten | <input type="checkbox"/> 5 Days Full Time | <input type="checkbox"/> 5 Mornings | |

Other program:

PAYMASTER

Parents

Employer

Company name

Contact Person

Position

Nr & Street

District

City

Tel nr

Fax nr

1st Branch (Head Office)
1172 Thao Dien Compound
Thao Dien ward, District 2
Ho Chi Minh City, Vietnam
Tel: +84(0)8 3744 60 76
Fax: +84(0)8 3744 60 75

2nd Branch
Nr. 26, street nr.10,
Thao Dien ward, District 2
Ho Chi Minh City, Vietnam
Tel: +84(0)8 3898 98 16

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CHILD'S NAME

EXPECTED STARTING DATE

CHILD BACKGROUND

Date of Birth

Nationality

Religion

Passport Nr

Level of English Beginner Intermediate Fluent

HISTORY

Last Kindergarten

Contact person

Address

Street

City

Country

Email

Period

Language used

SPECIAL NEEDS

Medical attention

Special Attention

Food limitations

Special Interest

Other parental remarks

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SmartKids values the personal contact and therefore admissions forms send in by post without a personal visit are not eligible and will not be taken into consideration.