REGISTRATION FORM

Please complete the form and sign the last page. Please attach a copy of your child’s passport or birth certificate, and a recent photograph.

CHILD DETAILS

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender [ ]  Male [ ]  Female

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

First language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended start date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other language/s spoken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS DETAILS / MOTHER PARENTS DETAILS / FATHER

Fist Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fist Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER CARERS (Guardian/Nanny) OTHER EMERGENCY CONTACT

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of carer authorized to collect the child (other than the parents) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bumblebee correspondence should be sent to following email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Bumblebee Montessori? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SESSIONS REQUIRED Please advise your preferred sessions (tick box)**

RECOMMENDED FOR 2 TO 31/2 year old

|  |  |
| --- | --- |
| [ ]  5 Morning Sessions per week (Mon to Fri) | [ ]  5 Afternoons Sessions per week (Mon to Fri) |
|  |  |
|  |  |

 RECOMMENDED FOR 31/2 +

 [ ]  5 Full Time sessions (Mon to Fri)

**Please tick all the boxes that are appropriate**

|  |  |  |
| --- | --- | --- |
| Does your child suffer from: | [ ]  Epilepsy | [ ]  Diabetes |
|  | [ ]  Asthma | [ ]  Allergies |

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Has your child been immunized against? | [ ]  Polio | [ ]  Diphtheria | [ ]  Measles |
|  | [ ]  Tetanus | [ ]  Whooping Caught | [ ]  Hepatitis |

***Please provide immunization certificate of your child.***

|  |  |  |
| --- | --- | --- |
| Dietary Restrictions: | [ ]  Yes | [ ]  No |
|  |

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Any medical conditions: | [ ]  Yes | [ ]  No |
|  |

If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Are you aware of your child having any particular learning difficulties? | [ ]  Yes | [ ]  No |
|  |

If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and attach relevant documents/reports/evaluations

|  |  |  |
| --- | --- | --- |
| Does your child have any physical disability?If yes, please attach relevant documents | [ ]  Yes | [ ]  No |

TERMS AND CONDITIONS

1. **Registration** ‒ The parent/guardian agrees to pay the most recent specified and published fees. The fee must be paid at the time of application and submitted together with a signed registration form. Paid fees are not transferable and non-refundable. No entry will be permitted unless payment has been made. Entry and registration are at Bumblebee’s discretion. Bumblebee reserves the right to request the removal of a child whose behavior is unsatisfactory from the premises and to refuse any application for registration. In such a case no refund will be given.
2. **Pre-School** – Pre-School is divided into three age groups and three terms. The parent has to pay the first term tuition fee before the start of classes. The child will not be able to attend the term if the fee has not been paid in advance.
3. **Activity Packages** - All the Bumblebee activities are offered with a minimum of 5 class package. Each package has to be paid before the start of the class or the student will not be allowed to attend the class. Please see Bumblebee for package information.
4. **Parent/Guardian Participation** ‒ Parents/guardians are not allowed to participate in Bumblebee Pre-school and activity classes. Parents/guardians are allowed to wait in the lounge area while kids attend classes or Pre-school. Sometimes classes are allowed Parents/guardians, Bumblebee will inform parents in such cases.
5. **Guests** are not permitted to attend any classes without the teacher’s and Bumblebee’s consent.
6. **Unwell Children** ‒ In consideration of our other kids, unwell children should remain at home. Bumblebee reserves the right to send a child home if unwell. Bumblebee does not have medical staff available and is not permitted to provide emergency or other medical treatment. First Aid Box is available at the office at all times.
7. **Soft Play Area** ‒ within this area we operate a no shoe policy. It is the responsibility of the parent/guardian to ensure that this policy is adhered to. All children under the age of 4 must be accompanied by a parent or guardian within this area.
8. **Food and Drinks** ‒ No food and drink may be brought onto the premises from outside. Food and drink are not allowed in any areas within Bumblebee with exception of the café and restaurant.
9. **Mobile Phones** ‒ should not be in use during any classes.
10. **Personal Belongings** ‒ All personal belongings brought to Bumblebee are at parents/guardians’ own risk. Bumblebee accepts no liability for loss or damage of such property. Any property which is left on the premises or handed in to any staff member will be retained at reception for a duration of 30 days.
11. **Injuries** ‒ The parent/ guardian acknowledge that the facilities provided are safe and suitable for their child. Although, if by participating in the classes or within the facilities the child suffers bodily injury or other loss or damage, the parent/guardian further acknowledges that he/she has voluntarily assumed the risk of such losses and waives any claims for such losses against Bumblebee and its staff.
12. **Changes** ‒ Bumblebee reserves the right to introduce, discontinue or modify any class, activity, facility, service, equipment, rule or fees without prior notice.
13. **Closures** ‒ Bumblebee may be forced to discontinue operations temporarily or permanently or in some cases it may have to close because of an emergency, public holidays or due to other circumstance. In case of such unforeseen circumstances Bumblebee will not be liable to pay any refund or give any extensions.
14. **Parking** ‒ Parking in and around the premises is at the sole responsibility of parents/guardians and guests.
15. **Smoking** ‒ is not permitted on the premises.
16. **Video and Photos** ‒ the use of cameras to film and take pictures is not permitted during classes.
17. **Contact Details** ‒ Parents must inform Bumblebee kids of any changes of their contact details.
18. **Photographs** ‒ Bumblebee may take photos that could include your child. The pictures will be used in newsletters for Bumblebee or used on our printed and web-based publications. If you do not wish your child to appear in these photos, please inform us

SIGNED AGREEMENT

I have read and understood the terms and conditions of admissions and hereby a free to adhere to them.

I certify that the above information is complete, true and accurate.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_