



REGISTRATION FORM

PERSONAL DATA

| | | | | | | | |
|---|--|--------------------------------|------|---------------|--------------|------|------|
| Please insert a photo of the student | First name: | | | | | | |
| | Last name: | | | | | | |
| | # of passport or ID: | | | | | | |
| | To be filled out by the school: | | | | | | |
| | Started: | | Age: | | Left: | | Age: |
| Started: | | Age: | | Left: | | Age: | |
| Started: | | Age: | | Left: | | Age: | |
| Started: | | Age: | | Left: | | Age: | |
| Address: | | | | | | | |
| E-mail: | | | | | | | |
| Telephone: | | | | Fax: | | | |
| Cell phone: | | | | | | | |
| | Day | Month | Year | | Nationality: | | |
| Birthday: | | | | | Religion: | | |
| Complete name of the mother: | | | | Profession: | | | |
| Complete name of the father: | | | | Profession: | | | |
| E-mail of the parents: | | | | | | | |
| If divorced, with whom does the student live? <input type="checkbox"/> Mother <input type="checkbox"/> Father | | | | | | | |
| Name and age of siblings: | | | | | | | |
| Do you read to your child?: | | How much time during the day?: | | | When?: | | |
| Do you work with your child in order to promote his learning abilities?: | | | | | | | |
| What do work on?: | | | | | | | |
| Do you do puzzles, domino or other table games?: | | | | If not, why?: | | | |
| Does the child watch TV? If so, what programs and for how long?: | | | | | | | |

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|---|
| What are the main activities of the child?: |
| What are the main interests of the child?: |
| Does the child have some special talent?: |

MEDICAL DATA

| | | | |
|---|--|---|--|
| What is the name of the student's doctor? | | Type of doctor | |
| Telephone number of the doctor: | | | |
| What vaccines does the student have? | <input type="checkbox"/> Tuberculosis BGG | <input type="checkbox"/> Difteria | |
| | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Tosferina | |
| | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Tetanus | |
| | <input type="checkbox"/> Haemophilus influenzae type B | <input type="checkbox"/> Measles | |
| | <input type="checkbox"/> Poliomyelitis | <input type="checkbox"/> German measles | |
| | <input type="checkbox"/> Mumps | | |
| | Others: _____ _____ _____ | | |
| Does the student have allergies? | <input type="checkbox"/> no | <input type="checkbox"/> if yes, which ones | |
| Is the student vegetarian? | <input type="checkbox"/> no | <input type="checkbox"/> if yes, what kind | |
| Comments or other information: | | | |
| | | | |

¿How did you hear about the school?

Friends
 Internet
 Ads
 Others
 Our internet site

I agree that my child may participate in the Bilingual Nursery School Program of the Sámara Pacific School for children age 2 to 6:

Date and signature of the mother

Date and signature of the father
