



# The Montessori Learning Centre Ltd

"Lighting the Path of Knowledge"

## APPLICATION FORM

Acceptance and placement at the Montessori Learning Centre is based on availability of space as well as suitability of our school program for your child. Your child will be placed on the waiting list according to the date the school has received this application and the age of your child.

Upon confirmation of a place for your child at the Montessori Learning Centre, 50% of the fees must be paid immediately.

(Please read the school policy sheet attached with this application).

Please attach one photograph of your child and Kshs. 5,000/- (non refundable) registration fee with this application.

**Child's Name**

\_\_\_\_\_ (Surname)

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (Middle Name)

Residential physical address: \_\_\_\_\_

House telephone No (s): \_\_\_\_\_

Family Post office Box No: \_\_\_\_\_ Code No: \_\_\_\_\_

**Child's Personal Details**

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) \_\_\_\_\_

Does the child live with both parents? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If NO please explain: \_\_\_\_\_

**Father's Name (or Guardian)**

\_\_\_\_\_ (Surname)

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (Middle Name)

Nationality: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Box No: \_\_\_\_\_ Code: \_\_\_\_\_

Business Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother's Name (or Guardian)**

\_\_\_\_\_ (Surname)

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (Middle Name)

Nationality: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Box No: \_\_\_\_\_ Code: \_\_\_\_\_

Business Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has the child attended Kindergarten elsewhere? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_.  
If YES give the name of the Kindergarten and date attended:

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**Full Day / Lunch**

Children from the age of 4 years onwards must stay for FULL DAY SCHOOL.  
(Full Day is from 8.30 a.m. to 3.30 p.m. - Monday to Friday)

Lunch fees must be paid at the same time as tuition fees.

Half day children may take lunch if desired.

I / We would like my / our child to attend (Half Day) \_\_\_\_\_ (Full Day) \_\_\_\_\_.  
I / We would like my / our child to have school lunch (Yes) \_\_\_\_\_ (No) \_\_\_\_\_.  
My / Our child is a (regular) \_\_\_\_\_ (Vegetarian) \_\_\_\_\_ (Total Vegetarian) \_\_\_\_\_

Please list any foods or drinks that your child cannot take:

_____	_____
_____	_____
_____	_____
_____	_____

**Medical History Report**

General condition of health  
(Please indicate if your child has any of the following conditions);

Allergies .....Frequent sore throat .....Speech difficulties .....Asthma  
..... Headaches .....Short of breath .....Convulsions ..... Hearing  
difficulties ..... Tires easily ..... dizziness ..... nose bleeds ..... earaches  
..... eczema..... ..... Poor vision ..... persistent cough ..... other (s)  
.....

Has your child had any of the following? (Yes or No) where applicable.

Chicken pox ..... Pneumonia ..... Whooping cough ..... Mumps  
.....  
Rheumatic fever ..... Measles (type) ..... Lice ..... others .....  
.....

Immunization: (Enter dates given)

D.P.T. (1) ..... (2) ..... (3) ..... (4) ..... DT  
Polio (1) ..... (2) ..... (3) ..... (4) .....  
Booster

Measles ..... Tetanus ..... Cholera ..... Rubella vaccination ..... HIV tested  
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Does your Doctor have any recommendation for special care of your child?

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## Emergency Information

If my / Our child becomes ill or has an accident in school and you cannot reach me /us,  
please contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Tel No. \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

In case of a serious accident, I / we give permission for my / our child to be taken to:

Nairobi Hospital \_\_\_\_\_ M.P. Shah \_\_\_\_\_ AgaKhan \_\_\_\_\_ Gertrudes \_\_\_\_\_ others  
\_\_\_\_\_

In case my / our child develops sudden fever, I / we wish him / her to be given:

Calpol \_\_\_\_\_ Brufen \_\_\_\_\_ Panadol \_\_\_\_\_ Others: \_\_\_\_\_

- 1) I /we have read and understood the 'Montessori Learning Centre policy / information guidelines' and shall abide by them.
- 2) I /we understand that all pupils who show symptoms of communicable diseases are to be excluded from classes. I / we shall co-operate by keeping my / our child at home during such times and inform the school.
- 3) I / we give my / our consent for my / our child to participate in school field trips.
- 4) I / we understand that the Montessori Learning Centre provides equal opportunity in education for all pupils without regard to race, colour, religion or national origin.
- 5) I / we have no objection my / our child being taught human virtues through different religious moral stories.
- 6) I / we understand that our child's photograph may appear on the schools website. I / we have / have no objection to it.

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_