



# First Steps @ KIS Registration Form

## Tuesday and Thursday morning 8 - 10



Application for: Half Term  Full Term  Please tick as appropriate

TO BE COMPLETED BY APPLICANT (please print)

**FATHER'S NAME** \_\_\_\_\_ **MOTHER'S NAME** \_\_\_\_\_  
 Father's Nationality \_\_\_\_\_ Mother's Nationality \_\_\_\_\_  
 Father's Tel Contact \_\_\_\_\_ Mother's Tel Contact \_\_\_\_\_  
 E-mail contact \_\_\_\_\_  
 Address \_\_\_\_\_

**Accompanying Responsible Adult** (If different from above)

Name \_\_\_\_\_ Nationality \_\_\_\_\_  
 Tel Contact \_\_\_\_\_ Language (s) spoken \_\_\_\_\_  
 Relationship to child \_\_\_\_\_

**NAME OF CHILD** \_\_\_\_\_ Sex \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
*(Please attach a copy of child's birth certificate or passport)*  
 Nationality \_\_\_\_\_  
 Languages (s) spoken \_\_\_\_\_  
 Language (s) spoken at home \_\_\_\_\_  
 Details of any Medical or Physical Conditions (including food allergies)



*(Please attach full details separately)*

(please tick ✓ if you agree) **I give permission** for photographs of my child to be taken and used in school publications, including the KIS newsletter and KIS Year book

**INDEMNIFICATION** I understand and hereby note that my child WILL NOT be covered for PA insurance if he/she starts playgroup on the day of registration

**PARENT'S SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**  
 PA Insurance RM 20 PAID  Half Term Fee RM \_\_\_\_\_ PAID   
 Term Fee RM \_\_\_\_\_ PAID  Receipt No: \_\_\_\_\_

Notes