



Early Learning Centre

A Place Where Education, Care and Play Go Hand In Hand

CHILD INFORMATION

Please note that we record the students name as it appears on their passport or birth certificate and use that name on all school documents. A preferred first name may be provided, if different from the given first name.

Family Name: -----First Name: -----Middle Name: -----

Preferred First Name: -----

Passport Country & Expiry Date: -----Gender: -----Birth Date: -----/-----/-----

(A photocopy of child's passport/birth certificate must be provided)

Enrolment Date: _____

Enrollment Program

Half Day

Full Day

ACADEMIC HISTORY

List the most recent school your child attended:

HEALTH ISSUES

Has your child been identified as having any of the following: attention deficit disorder / hyperactivity, speech/language impairment, learning disability, autism spectrum, intellectual disability, developmental delay, orthopaedical impairment, visual impairment, or hearing impairment? YES NO

Has your child received any of the following services: special needs/resource/learning support, speech/language support or physical or occupational therapy? YES NO

Has your child had any psychological -educational testing involving intelligence, academic and/or processing assessments? YES NO

Does your child have any history of illness (e.g. epilepsy, diabetes, severe allergy, asthma, heart condition etc)? YES NO

If you chose "Yes" for any questions above, please provide further details below and / or attach additional documentation.

CHILD LANGUAGE BACKGROUND Spoken

English: None / Poor / Fair / Good / Fluent

Language most fluent: -----Language spoken at home:-----

Other languages spoken:-----

PARENT/GUARDIAN INFORMATION:

Home phone number in Addis: -----Child lives with: Parent 1 / Parent 2 / both

Parent 1: -----

Title First Name Last Name Relationship to child

Languages spoken: ----- Passport Country: -----

Employer: ----- Position: ----- Office phone: -----

Mobile: ----- Email address: -----

Parent 2: -----

Title First Name Last Name Relationship to child

Languages spoken: ----- Passport Country: -----

Employer: ----- Position: ----- Office phone: -----

Mobile: ----- Email address: -----

Signatures: Both parents must sign below. If only one parent resides with the student in Ethiopia, please indicate “not applicable” on the second parent signature line.

I hereby apply for the admission of the above named student to Little Einsteins’ Early Learning Centre. I agree that I will read the parent/student handbook and that my child and I will abide by all the rules and regulations of the school. I authorize Little Einsteins’ Early Learning Centre to contact my child’s previous schools for more information if necessary. I authorize Little Einsteins’ Early Learning Centre to administer all testing deemed appropriate by school personnel to assess my child’s academic skills, educational needs and progress during the term of my child’s enrolment in the school. I understand that my child’s enrolment is dependent upon the completeness and accuracy of the information provided above. I certify that all the information provided about my child and family is complete, true and accurate to the best of my knowledge.

We / I hereby agree that the parents listed below may sign any school related forms, permission slips or other paperwork regarding my/our child. If child lives with two parents, we agree that either one of these signatures is sufficient.

Parent 1: ----- Signature ----- Date -----

Parent 2: ----- Signature ----- Date -----



Photography Release Form

Name of Child _____ Birth date _____

Please be advised that your child will be photographed and/or videotaped at various school activities or events. If you would like your child's photo to appear in our class website, face book page, or any printed publications please sign and return this form.

YES I give permission to have my child's photograph and/or video to be posted on our class website, face book page, or any printed publications.

NO I do not give permission to have my child's photograph and/or Video to be published.

Parent's Name _____

Parent's Signature _____

Date: _____



Emergency Authorization Form

Name of Child _____ Birth date _____

I authorize all medical treatment and/or hospital visits as may be performed or prescribed by the attending physician for my child and waive my right to informed consent to treatment. This waiver applies only in the event that neither parent/nor legal guardian cannot be reached in the case of an emergency.

In any accident that we feel is serious, until you reach to the school we will take your child to Washington Medical Centre or Nordic Clinic.

If you prefer any other Doctor or Clinic please list below.

Name of Doctor _____ Clinic Name _____

Contact Number _____

Parent's Name _____

Parent's Signature _____

Date: _____