



“POOH CORNER” ENROLMENT FORM

Please fill in all details requested and return to us. Please notify us of any changes to the information given (Please use block capitals).

Child's details

First names _____
Surname _____
Date of Birth _____
Place of Birth _____ Sex _____
Nationality _____
Address _____

Telephone _____

Parent's details

Mother's Name _____
Nationality _____
Employer _____
Address _____

Telephone _____ mobile _____
Fax _____ E-mail Address _____

Father's Name _____
Nationality _____
Employer _____
Address _____

Telephone _____ mobile _____
Fax _____ E-mail Address _____

If residing with guardian other than parents, please give name and relationship:

Who will collect the child from pre-school?

1. _____
2. _____
3. _____

Person or company responsible for tuition payment _____

Where should tuition invoices be sent? _____

When will your child start to attend POOH CORNER? _____

How many days a week and which days of the week will your child attend POOH CORNER?

From 8:30 - 17:30 yes / no

From 9:00 - 13:30 yes / no

Statement of financial obligations

I wish to apply for admission of the above named child to POOH CORNER. I have received and read the current terms and conditions/financial supplement of the school and agree to comply with them. I or my company undertake the responsibility to pay all the tuition related fees in a timely manner.

Signature of Parent/Guardian

Date
