

Kindergarten Enrolment Form

Please complete the details on this form to enrol your child in the kindergarten program.
 Please ensure all information is printed in a legible manner.

The BLC is committed to respecting the confidentiality of the information provided by children and parents. This information is requested to enable us to:

- Undertake administration and care responsibilities including maintaining emergency contact information.
- Communicate with you about important matters.
- Provide first aid and plan for your child's health support requirements

The information provided will be stored securely in the school.

CHILD PERSONAL DETAILS

Surname				First Name			
Middle Names				Preferred Name			
Date of Birth				Gender	Male	<input type="checkbox"/>	Female
Nationality 1				Home Language			
Nationality 2				Second Language			
Passport no.				Issuing Country			
Citizen's Card no.				Validity			
Fiscal no.							

PARENT / GUARDIAN DETAILS

Enrolling Parent / Guardian 1

Title			Relationship to child		
Surname			First Name		
Home Address					
				Postal Code	
Phone no.			E-mail address		
Profession/Occupation			Company		

Enrolling Parent / Guardian 2

Title		Relationship to child	
Surname		First Name	
Home Address			
		Postal Code	
Phone no.		E-mail address	
Profession/Occupation		Company	

EMERGENCY CONTACT

Title		Relationship to child	
Surname		First Name	
Phone no.			

SIBLINGS

Sibling 1

Surname		First Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
School Name		Grade	

Sibling 2

Surname		First Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
School Name		Grade	

Sibling 3

Surname		First Name	
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
School Name		Grade	

Other relevant information

This information relates to:

<input type="checkbox"/>	Medical Conditions	<input type="checkbox"/>	Custody	<input type="checkbox"/>	Cultural or Religious Requirements
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Additional Needs	<input type="checkbox"/>	Development Concerns

Details

ADAPTATION / TRANSITION INFORMATION

In order to assist us with your child's school integration, please provide detailed information to the following questions:

Has your child ever attended kindergarten / preschool before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
If Yes, what was the name of the school?			
In which country?			
Is your child capable of independent toileting?	<input type="checkbox"/> Yes	<input type="checkbox"/> Developing	<input type="checkbox"/> No
Does your child nap daily	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>

Please comment on your child's ability to spend a full day at school

How does your child adapt to new situations?

<input type="checkbox"/>	Smooth transition
<input type="checkbox"/>	Moderate transition
<input type="checkbox"/>	Anxious transition

If you have comments or suggestions on how to facilitate an easy and happy transition, please outline them below:

How does your child communicate?

Describe your child’s language development, communication with peers and communication with adults. Is there anything specific about his or her communication style that you would like to share with us?

Social Development

Describe your child’s social development. Does he or she make friends easily? Does he or she need more time to feel comfortable with peers in a social situation? Does he or she prefer to play independently?

Describe your child’s personal interests, imagination and creativity

If you have any further information about your child that you feel is important for us to know (i.e. what makes your child joyful or fearful, medical issues, etc.), please explain below:

Your Child’s Health

Does your child have a life-threatening allergy condition or an allergy that requires medication?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does your child have mobility challenges, or require the use of adaptive equipment to ambulate?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does your child have a visual or hearing impairment?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Does your child have a serious medical condition (e.g. heart disease, epilepsy, diabetes, etc.) or a condition requiring regular medication or doctor visits?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Has your child even been hospitalised for a serious medical condition?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered **Yes** to any of the questions above, please provide details in the space below:

Immunisation

Has your child received all the approved immunisations?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Learning Support

Select where appropriate if your child has been recommended for or has received any of the following additional support or diagnostic testing:

Select all that apply

- Psycho-educational Testing (individual achievement and/or intelligence/cognitive or neurological testing)
- Individualized Learning Plan or Individualized Educational Plan
- Occupational Therapy
- Speech and Language Therapy
- Support for Executive Functions (attention, memory, organisation, planning and problem solving, impulse control, self-monitoring)
- Extra tutoring in order to keep up

If you have selected any of the above statements, please provide further information and whenever possible, supporting documentation, i.e. psycho-educational reports, etc.
Please also disclose the names of the teams / clinics / doctors supporting your child, i.e. your child's paediatrician or therapist. The BLC hereby promises not to contact this/these entity(ies) without your prior knowledge and consent.

ENROLING FOR

	Short Program 9H to 13H					Long Program 9H to 15H				
	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
Group 1 (2 – 3 y.o.)										
Group 2 (3 – 4 y.o.)										
Group 3 (4 – 5 y.o.)										

Extra Activities

Swimming*	Yes		No	
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* Activity only available for groups 2 and 3.

* Activity requires the students' commitment for the full school year.

* Transport fee also applicable.

Additional languages interest	
Extra English	
Portuguese	
Russian	
German	
Other _____	

Please note that Additional Languages can only be provided during the Extended Time period and are subject to the availability of a teacher. Once confirmed, it requires the minimum commitment of one full school term. Participation might be subject to a limited number of vacancies. Classes can be individual or in a group (3 children are necessary to form a group). Fees and frequency of sessions will be advised during the month of September, depending on the interest received.

Extended Time (15H to 17H)

Mon	Tues	Wed	Thurs	Fri

PERMISSION TO USE PHOTOS / VIDEOS

- 1- Occasionally, the teachers may take photos / videos of children in order to document the activities in the classroom. These photos are for mostly for in-house use but may be shared in parent's groups via WhatsApp. These photos will also be used to compile a Yearly Record Book.

I give permission

I don't give permission

- 2- The BLC would also like to use photos of our students on our online social media platforms.

I give permission

I don't give permission

Agreement

I/We, the undersigned, agree to the following:

1. To enrol my child at the Butterflies Learning Centre (BLC) for the school year 2023 – 2024.
2. To provide the school with all fees and tuition payments by the due dates.
3. To give one full calendar month's written notice of withdrawal of my child.
4. When arriving at school, to deliver my child **on time** and not to take my child from school without informing a staff member. Also, to pick up my child **on time**.
5. To notify the school if any person other than the parent/guardian is picking up my child.
6. To advise the school if there are any changes in the family relationship, including any change to the custody/access of the child.
7. I understand that absences due to illness (pandemic), public holidays, school breaks or and/or natural disasters are not exempt from payment.
8. To keep my child from school if there is any question of illness, and to notify the school about any serious illness.
9. That permission is granted to call an ambulance in case of a serious accident.
10. The school reserves the right to release a child, if the school decides it is best for the child and/or the school.
11. To ensure that your child has a positive school experience, there may be a phased-in schedule for the initial month. A copy of the schedule will be provided to you.
12. That I have read and understood the Rules and Regulations of the school.

Parent /Guardian signature

Date

For office use only

Date Enrolment Received _____ by _____

Checked documentation received:

Child's Passport / ID

Supporting documentation

Parents Passport / ID

1. _____
2. _____
3. _____