

APPLICATION FOR ADMISSION

Entry date ____ / ____ / ____ (DD/MM/YY)	Planned Exit date ____ / ____ / ____ (DD/MM/YY)
Program Booking	<input type="checkbox"/> Two weeks <input type="checkbox"/> One Month <input type="checkbox"/> One Term <input type="checkbox"/> One Year
Afternoon program	<input type="checkbox"/> Yes (3:00pm to 5:00pm) <input type="checkbox"/> No

REQUIRED DOCUMENTS

<input type="checkbox"/> Copy of child's birth certificate <input type="checkbox"/> Copy of child's passport <input type="checkbox"/> Copy of child's immunisation/medical record <input type="checkbox"/> Copy of parents ID card or passport
Where did you hear about us?

CHILDS INFORMATION

Last name:	First name:	Nickname:
Nationality:	Date of birth DD/MM/YY:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth:		
Passport No.:		
Address		
Languages spoken	Level of English spoken	<input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> None
Child lives with	<input type="checkbox"/> Parents <input type="checkbox"/> Other _____	Total number of Brothers: Sisters:
Food	<p>Please choose between our vegan and non vegan lunch options. Morning and afternoon snack are vegan. All meals are included in the tuition fees.</p> <input type="checkbox"/> Vegan <input type="checkbox"/> Non – vegan Other dietary restrictions (please specify) _____	

ALLERGIES

Food

- Yes (please specify) _____
 No

Medicine

- Yes (please specify) _____
 No

CONTACT INFORMATION

PARENT 1 PERSONAL DATA

Name: _____
 Mobile: _____
 Email: _____
 Nationality: _____
 ID or passport No.: _____
 Martial status: _____
 Occupation: _____
 Home address: _____

PARENT 2 PERSONAL DATA

Name: _____
 Mobile: _____
 Email: _____
 Nationality: _____
 ID or passport No.: _____
 Martial status: _____
 Occupation: _____
 Home address: _____

MEDICAL INFORMATION

Family doctor		Contact No.:
Hospital/clinic		

Have you ever consulted an educational psychologist for your child, or received any kind of special help because of learning difficulties or social challenges?

- Yes (If yes, please explain) _____
 No

ANY OTHER INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD

EMERGENCY CONTACT

In case of emergency, when parents cannot be contacted, who should be contacted?

Name: _____
 ID/passport No: _____
 Relationship with child: _____
 Tel. No: _____
 Address: _____

DECLARATION

1. I hereby release, indemnify and hold harmless against the Seeds of Phangan Kindergarten for any accident that may occur to my child while he/she is at the daycare. Families personal insurance will be used for any accidents that may occur.
2. Permission is hereby granted for my child to participate in any outings or excursions as you may conduct in connections with activities of Seeds of Phangan Kindergarten.
3. I hereby release, indemnify and hold harmless against Seeds of Phangan Kindergarten for any or all damages, claims and other liabilities resulting from such outings.
4. The cost of any such outings will be borne by me.
5. Permission is hereby granted to Seeds of Phangan Kindergarten to seek medical or hospital attention for my child in the event of any emergency when it is not possible to contact me or the emergency contact.
6. I understand even if my child is away from Seeds of Phangan Kindergarten due to illness, holiday, etc. there is no refund of the fees.
7. I understand that the registration fee of THB 1000 is non-refundable.
8. If under certain circumstances, a child has to withdraw from Seeds of Phangan Kindergarten after having paid or committed to the daycare programme, the parents must notify the owners by completing the withdrawal form, that can be downloaded on the website, prior to leaving the kindergarten. Seeds of Phangan Kindergarten will not accept email notification or cancellations via the telephone.
9. All fees must be paid in full before the child enters the kindergarten. If fees are not paid in full, a reminder is sent to the parents by email. If the payment is not completed after the reminder, the space is given to another child on the waiting list.
10. I understand that Seeds of Phangan Kindergarten has 3 terms in one year. There is no reduction for days off, taken through sickness or personal holiday. Fees are non-refundable for two week and monthly bookings. If a term is paid in full and the student completes less than half a term, 30% of fees will be refunded provided the parents give a written two week notice before the student leaves. If a year is paid in full and the student completes less than half a year, 30% of fees will be refunded provided the parents give a written two week notice before the student leaves.
11. I have read and understood the kindergarten guidelines and Covid-19 measurements.
12. I understand that I have to pay THB 200, per hour, if I cant pick up my child on time after 5pm.
13. I allow my child to go on field trips in the nearby area under the teachers supervision.
14. The kindergarten may from time to time increase any fees or other charges by giving a minimum of 4 weeks written notice of such increases.
15. The kindergarten will not tolerate any abuse, whether verbal or physical, of its team members by parents/guardians. In the event of such abuse the daycare reserves the right to terminate this contract immediately without notice and to exclude that parent/guardian's child.
16. I understand that I am responsible to replace any physical damages my child causes in the kindergarten.
17. I understand that I have to pay the tuition fees within 2 days after I have recived the invoice.

I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have willfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.

Date, Parent 1 Siganture

Date, Parent 2 Signature

Date, Owner of Seeds of Phangan Kindergarten

Consent & Acceptance

I consent to the use of images of my child participating in Seeds of Phangan Kindergarten activities on the Seeds of Phangan Kindergarten website, social media and in promotional materials.

Parents Signature _____