The Wonderful World Learning Center

APPLICATION FORM
2011-2012

STUDENT'S DETAILS

Given Names _____ Family Name _____

Date of Birth yyyy/ mm/ dd Sex Male ☐ Female ☐

Nationality _____

Level of English ☐ Fluent ☐ Intermediate ☐ Beginner

Level of Mandarin ☐ Fluent ☐ Intermediate ☐ Beginner

Other Languages _____

Proposed Date of Entry _____

PARENTS' DETAILS

	Father		*Mother*
Given Name		Given Name	
Family Name		Family Name	
Nationality		Nationality	
Home Address			
Tel. No. Home		Fax No. Home	
Office		Office	
Mobile		Mobile	
Email Address		Email Address	
SCRA Member-ship No.			

PREVIOUS PRESCHOOL/DAY CARE EXPERIENCE

Has your child been enrolled in a preschool/day care before? If so, for how long?

_____

Does the Student have Special Education Needs (SEN)?	Yes	☐	No	☐
Does the Student have any physical and/or mental disabilities?	Yes	☐	No	☐

If yes, please explain.

_____

_____

_____

_____

MEDICAL RECORD AND AUTHORIZATION FORM

PRESENT HEALTH
Does the Student need/have:

Regular medical attention	Yes/No	Regular medication	Yes/No
Eyesight problems	Yes/No	Hearing problems	Yes/No
Asthma/respiratory problems	Yes/No	Skin problems	Yes/No
Epilepsy	Yes/No	Hay fever	Yes/No

If yes to any of above questions please provide details:

KNOWN ALLERGIES
Please provide details if student has any allergies.

PREVIOUS ILLNESSES/OPERATIONS
Please provide details if the Student has had any serious past illness or operations

VACCINATION

Tuberculosis	Year	Polio	Year
Diptheria/Tetanus/Pertussis(DTP)	Year	Rabies	Year
Measles/Mumps/Rubella(MMR)	Year	Typhoid	Year
Hepatitis A	Year	Japanese Encephalitis	Year
Hepatitis B	Year		

AUTHORIZATION
I/We understand that whilst the School will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore, I/We authorize the School to seek medical advice and treatment for the student if the School believes there to be an emergency and I/We hereby undertake to pay all costs incurred by the school.

Parent'(s) Signature _____ Date_____