THE INTERNATIONAL PRESCHOOL AND KINDERGARTEN

Registration Form

Child Name:

Date of Birth: Gender:

ID/Passpord No: Nationality:

Home Adress:

Home Phone:

Parent 1 Name:

Occupation: E-mail:

Cell Phone: Work Phone:

Parent 2 Name:

Occupation: E-mail:

Cell Phone: Work Phone:

Emergency Contact Name:

Cell Phone: Home Phone:

Work Phone: E-mail:

In an emergency, if neither parent nor the emergency contact can be reached, would you let us take your child to the Guven Hospital?

Yes ☐ No ☐

People with permission to pick up child & relationship:

LOVE, LEARNING, LAUGHTER!

THE INTERNATIONAL PRESCHOOL AND KINDERGARTEN

Names, birthdates and schools of siblings:

Please state if your child was previously cared for by another center:

Child's Self-Care Skills

Can eat unaided: Yes ☐ No ☐

Toilet-trained: Yes ☐ No ☐

Can wash her hands: Yes ☐ No ☐

Can dress/undress unaided: Yes ☐ No ☐

Child's Sleep

Any sleep problems?

Special sleep items (dolls, blanket, etc.):

Child's Eating

Does your child have special dietary needs?

Does your child have any food allergies?

Child's Social and Emotional Development

Your child's nature

Adaptable:	Yes ☐	No ☐
Shy:	Yes ☐	No ☐
Strong-willed:	Yes ☐	No ☐
Sensitive:	Yes ☐	No ☐
Out-going:	Yes ☐	No ☐
Shares:	Yes ☐	No ☐
Follows rules:	Yes ☐	No ☐
Independent:	Yes ☐	No ☐
Aggressive:	Yes ☐	No ☐
Cooperative:	Yes ☐	No ☐
Easy-going:	Yes ☐	No ☐
Cautious:	Yes ☐	No ☐

Your child's habits

Nail-biting:	Yes ☐	No ☐
Thumb-sucking:	Yes ☐	No ☐
Using pacifier:	Yes ☐	No ☐
Using bottle:	Yes ☐	No ☐
Pulling hair:	Yes ☐	No ☐

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Child's Language Development

When did your child start to talk?

Child's native language?

Does (s)he speak other languages?

Does (s)he have any speech problems?

Does (s)he comprehend well?

Does (s)he articulate well?

Child's Health

Any allergies?

Any chronical disease?

Any regular medication?

Any history of surgery?

Any history of accidents?

Other:

Any further information we need to know about your child?

School director's notes:

Reşit Galip Caddesi 102, G.O.P., Ankara Tel: (312) 437 8855 www.preschooltr.com info@preschooltr.com

PHOTOGRAPH PERMISSION FORM

Dear Parents,
Please be advised that your child will be photographed or videotaped at various school events and activities. We will use these photos in school newsletters and the school yearbook and post them on school social media (website, Facebook, Instagram).

☐ YES, I permit my child's photos and/or videos to be posted on school social media.
☐ NO, I do NOT permit my child's photos and/or videos to be posted on school social media.

FIELD TRIP PERMISSION FORM

Field trips, announced in our monthly newsletter, reinforce the academic topics for our age groups. Parents are informed of the details before each trip. Please mark the section below indicating whether you permit your child to participate in the field trips during the school year.

☐ YES, I permit my child to participate in the school field trips.
☐ NO, I do NOT permit my child to participate in the school field trips.

PARENTAL WAIVER AND RELEASE FORM

As the parents of the child named below, we do hereby waive, release, and hold harmless the organization, The International Preschool and Kindergarten, and any authorized staff member from any lawful responsibility resulting from any accidental injuries that our child may suffer. Furthermore, we grant permission to the school director or other staff member to authorize emergency medical care when neither we nor the emergency contact person can be reached.

We have read the above Permission and Release forms. We agree to the terms stated above and sign as both parents.

Name of Child: Date:

Signature of Parent 1 Signature of Parent 2

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