

KIDS KINGDOM APPLICATION FORM

Sukhumvit 47

Ruamrudee 3

Sukhumvit 26

DOCUMENTS REQUIRED FOR ENROLMENT

- 1. Photocopy of child's birth certificate
- 2. Photocopy of child's passport
- 3. Photocopy of parents' passports
- 4. Photocopy of child's house registration (Thai citizens only)
- 5. Photocopy of parents' ID card (Thai citizens only)
- 6. Photocopy of child's immunization record
- 7. Fully completed application form
- 8. One passport-size photo

1. CHILD'S PERSONAL DETAILS

First Name:

Date of Birth:

Middle Name:

Place of Birth:

Family Name:

Nationality:

Nickname:

Gender:

Boy

Girl

National ID Number / Passport Number:

Date of Issue:

Date of Expiry:

Home Address:

First Language:

Language(s) Spoken at Home:

Cultural Background:

2. STUDY PROGRAM

1.5-2 years	<input type="checkbox"/> Pre-Nursery	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days
2-3 years	<input type="checkbox"/> Nursery	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 5 Days
3-4 years	<input type="checkbox"/> Kindergarten 1	5 Days	
4-5 years	<input type="checkbox"/> Kindergarten 2	5 Days	
5-6 years	<input type="checkbox"/> Kindergarten 3	5 Days	

Anticipated Starting Date:

3. CHILD'S ADDITIONAL DETAILS

Play Interests & Social Experiences:

- Does your child play well alone? Yes No
- Does your child prefer to play with other children? Yes No
- Does your child seek attention from adults when playing? Yes No
- Does your child have special toys, games, or interests? Yes No
- Does your child ask for stories to read? Yes No

Additional Details (If any):

Previous School (If applicable):

School Name: Level Completed:
City: Country:

Siblings' Details (If applicable):

	2.1	2.2	2.3
First Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nickname:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Year:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current School:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl

Permission:

- Do you allow your child to receive **stamps** as a reward? Yes No
- Do you allow your child to receive **stickers** as a reward? Yes No

4. PARENT'S/GUARDIAN'S DETAILS

Parent 1

Mother

Father

Other:

First Name:

Middle Name:

Family Name:

Nationality:

Position/Title:

Company:

Mobile Phone:

Office Telephone:

E-mail Address:

Parent 2

Mother

Father

Other:

First Name:

Middle Name:

Family Name:

Nationality:

Position/Title:

Company:

Mobile Phone:

Office Telephone:

E-mail Address:

Emergency Contact

Mother

Father

Other:

Full Name:

Mobile Number:

5. AUTHORIZED PICKUP / SCHOOL BUS SERVICE

5.1 Relationship to Child:

Full Name:

Mobile Number:

5.2 Relationship to Child:

Full Name:

Mobile Phone:

Important Note:

- Please provide a photo or a photocopy of each authorized person. If there are any changes, the school must be informed immediately.
- Please inform the office if there is any change with the pick-up person on a particular day to ensure the safety and security of all students. The pick-up person must hold the student ID card.

5.3 Would you like your child to ride the school bus?

Yes

No

If yes, please specify:

Morning Pick-up

Afternoon Drop-off

6. CHILD'S MEDICAL DETAILS

Attending Doctor (If any):

Medical Institution:

Mobile Phone:

1. **Dietary Restrictions:** Non-Vegetarian Vegetarian Non-Pork Halal

Additional Details (If any):

2. Does your child suffer from any known **allergies**? Yes No

If yes, please give details:

Food: Reactions:

Medication: Reactions:

Others: Reactions:

Additional Details (If any):

3. Is your child taking any **regular medication**? Yes No

If yes, please give details:

4. Is there any additional information on your child's health that the school should know? Yes No

If yes, please give details:

Probationary Academic Contract

Does your child have any special physical, behavioral, and/or learning needs? Yes No

If yes, please give details:

Has your child received any special educational services and/or an individual educational plan? Yes No

If yes, please give details:

Has your child been in a gifted or talented program? Yes No

If yes, please give details:

Is there any additional information on your child that you would like to share with us? Yes No

If yes, please give details:

I confirm that the information provided above is accurate to the best of my knowledge. I acknowledge that it is my responsibility to inform the school of any future updates or additional details as they arise.

X

Parent's/Guardian's Signature

Date of Signature

Medical Declaration and Policy

Kids Kingdom strictly adheres to a medical policy regarding children who may become ill at school or return to school while sick.

1. Sick children:

If a child becomes ill at school and shows symptoms of a developing sickness—such as fever, influenza, chickenpox, HFMD, or other common childhood diseases—or if the symptoms raise concerns about the potential spread to other children, the school's duty of care obliges us to promptly hand the child over to the care of their parents.

The parents will be contacted and asked to collect the child from the school. The child will be waiting in the first aid room.

In the case of a contagious disease, the parents are required to keep the child at home until they receive clearance from a doctor to return to school.

2. Approval to take the following actions in relation to your child's health:

- Do you allow school staff to conduct growth measurements? Yes No
* The school nurse measures students' body height and weight every 2 months.
- Do you allow school staff to check your child's hair when there is suspicion of head lice? Yes No
- Do you allow our registered nurse or staff to administer **first aid care**? Yes No
* Any medical treatment that requires the attention of a physician must be managed by the parent.
- Do you allow our registered nurse or staff to give your child **Tylenol** or its equivalent for minor aches and fevers? Yes No
- Do you allow the school to bring your child to the hospital in emergencies that require immediate medical attention? Yes No
* The school will make every reasonable effort to contact the parent/guardian.

3. Medical to be administered at school:

For all medications that a child needs to take at school, the medication must be in its original packaging in English or Thai, with the expiry date clearly visible. Prescription medications must be accompanied by a valid prescription from a licensed physician.

Our school accident insurance policy covers up to 10,000 Baht in medical expenses for each accident for all students who have completed registration.

X

Parent's/Guardian's Signature

Date of Signature

Personal Data Consent Form

I hereby confirm that my child is under the age of 10, and I give or decline to give my consent to Kids Kingdom on my child's behalf to collect, use, and disclose my child's personal data for the following purposes.

	Processing Purposes
I <input type="checkbox"/> consent <input type="checkbox"/> do not consent	for Kids Kingdom to process my child's personal data, including information about their parents, cultural background, religion, and any cultural or religious requirements, in order <u>to complete the MOE and MSDHS databases</u> and arrange cultural activities.
I <input type="checkbox"/> consent <input type="checkbox"/> do not consent	for Kids Kingdom to process my child's personal data, such as photos and videos, in order <u>to communicate with parents/guardians via the Illumine application.</u>
I <input type="checkbox"/> consent <input type="checkbox"/> do not consent	for Kids Kingdom to process my child's personal data, such as photos and videos, in order <u>to publicize Kids Kingdom's activities on the school's website and social media platforms.</u>

In case there is any effect where consent is not given, please specify:

I am aware of and was fully informed by Kids Kingdom as follows:

- If consent is given:** This consent is freely given. However, I am entitled to withdraw my consent, as given by this letter, at any time by submitting a consent withdrawal form, which is available at the Kids Kingdom Office. Upon receiving such a consent withdrawal form, Kids Kingdom will cease to process my child's personal data unless Kids Kingdom is legally entitled to further process my child's personal data. The withdrawal, however, will not affect any part of the processing activities of my child's personal data prior to such withdrawal; however, it may result in the consequences specified above.
- If consent is not given:** My refusal to give consent to Kids Kingdom to process my child's personal data in any circumstances will not affect the enrolment contract with Kids Kingdom unless such personal data is necessary or related to the contract entering, including the provisions of Kids Kingdom's service.

I hereby warrant that I have read thoroughly and acknowledge that I fully understand all the information stated herein.

X

Parent's/Guardian's Signature

Date of Signature

Financial Agreement

Methods of Payment

Fees can be paid by cash, check, credit card (with a 3% bank charge), or bank transfer. After the payment has been made, a copy of the payment receipt should be sent to the Finance & Accounting Department.

Force Majeure

In the event of force majeure, such as the closure of the school or other adverse circumstances that the school could not reasonably be expected to predict or control, no fees will be refunded. Lost days will only be rescheduled if the Head of School deems it necessary to ensure that educational objectives are not compromised.

Refund Policy

- 80% of the fee will be refunded if a student withdraws prior to the beginning of the school term.
- 50% of the fees will be refunded if a student withdraws between 1 and 21 days after the commencement of the school term.
- 25% of the fee will be refunded if the student withdraws between 22 and 39 days subsequent to the commencement of the school term.
- No refund or discount will be given if a student withdraws after 40 or more days subsequent to the commencement of the school term or takes absences or holidays during the term.

Overdue Policy

Overdue payment will incur a 3% charge on outstanding fees.

Annual Fee Review

Fees are set to increase approximately 5 – 9 % per academic year.

I hereby warrant that I have read thoroughly and acknowledge that I fully understand all the information stated herein.

X

Parent's/Guardian's Signature

Date of Signature

Student Enrollment Agreement

I hereby acknowledge, understand, and agree to the following:

- Completion of this form does not guarantee admission, and the school's decision regarding any application is final.
- Applications are reviewed in accordance with the school's admission criteria, which consider several factors and are subject to change from time to time. The school reserves the right not to disclose admission criteria.
- If my child is offered a place at Kids Kingdom, my child and I agree to comply with the school's rules and regulations, and my child will participate in all normal educational activities.
- All school fees are subject to change/increase, and I agree to make all payments according to the fee policy.
- Parents/guardians are not allowed to enter any classroom at any time unless they are explicitly invited and accompanied by school administrators.
- If the school needs to be closed due to unforeseen circumstances, such as political unrest, outbreaks of contagious disease, air pollution, etc., the school will not be responsible for days lost, and no refund will be given. Any make-up days will be at the discretion of the school administration.
- Communication and parent involvement between school and home are vitally important for my child's learning, and I agree to attend all school-requested meetings concerning my child.

To the best of my knowledge, the information provided herein is true and accurate. The school reserves the right to withdraw a place in the event of inaccurate information disclosure.

X

Parent's/Guardian's Signature

Date of Signature

**Thank you for choosing Kids Kingdom
as the start of your child's learning journey!**