

INTERNATIONAL MONTESSORI "HOF TEN BERG"



HOF TEN BERG 22, 1200 WOLUWE-SAINT-LAMBERT

APPLICATION FOR ADMISSION

Children's House: Ages 2 to 6 years old

For school year: 20 ___ / 20 ___ Start date (dd/mm/yyyy): ___ / ___ / ___

PART 1:

Name of the Child: _____

last

first

middle

Date of birth (dd/mm/yyyy): _____

Place of birth: _____

Nationality: _____

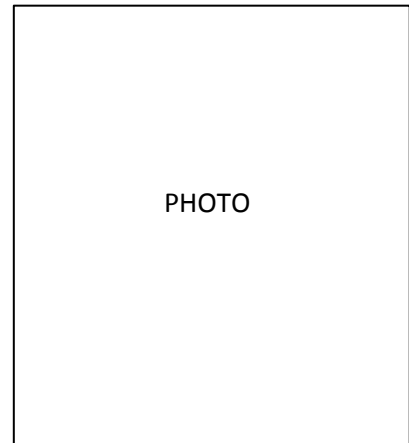
Gender:

Male

Female

Native language: _____

Second language(s): _____



Family:

Father's full name:

Mother's full name:

Email address mother: _____

Email address father: _____

Home address: _____

Home phone number:	
Mobile phone n° father:	
Work phone n° father:	
Mobile phone n° mother:	
Work phone n° mother:	

Choice of Programme

For 2 to 3 year olds:

	Option A:	5 mornings only
	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

For 4 year olds:

	Option B:	2 full days being Monday and Tuesday and 3 mornings
		2 full days being Thursday and Friday and 3 mornings
	Option C:	3 full days and 2 mornings
	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

For 5 year olds:

	Option D:	4 full days and Wednesday mornings
	Option E:	5 full days *

* Option E includes the After School Hour programme every Wednesday afternoon from 12:00 to 15:00 hrs.

The programme attendance can be increased during the course of the school year.

An additional Tuition Contract will be made.

In combination with:

	G 1	Early Arrival between 7:30 - 8:30 hrs	5 school days per week Complete school year - 5 days per week	
	G 2		Regular Early Arrival Please indicate the days of the week	
	G 3		Irregular Early Arrival	
	H 1	After School Hour Programme (ASH) available from 15:00 to 18:30 hrs	5 school days per week. Complete school year - 5 days per week.	
	H 2		Regular After School Hour Programme. Please indicate the days of the week.	
	H 3		Irregular After School Hour Programme. Per hour/invoiced bimonthly.	
	I	Holiday Camps	During specific holidays	
	J 1	Violin Instruction for Children's House:	Complete school year	
	J 2		Trial period (8 weeks)	
	J 3		Violin hire for a complete year	
	J 4		Violin hire for a trial period (8 weeks)	
	K	Counsellor	Specialised individual help	
	M 1	Bus Service	Zone 1: Neighbouring communes	One way
				Return
	M 2		Zone 2: Non neighbouring communes	One way
				Return
	M 3		Zone 3: Further afield	One way
				Return
<u>Please note:</u> Route, Pick-up times and availability depend on the addresses of families participating.				

Administrative Information

The tuition fees will be paid by:

Employer

Parents

An invoice needs to be sent to the employer:

YES

NO

Name and address of company:

Please give the name of the person to whom to send the invoice:

Father's position: _____

Mother's position: _____

Please note that the enrolment of a child is the agreement between the school and the parents regardless of the agreement parents may have with their employers concerning the payment of the Tuition Fees.

Payment of Enrolment fee:

The application will be processed as soon as the school has received the payment of the enrolment fee. This enrolment fee is non-refundable and paid only once.

<input type="checkbox"/>
<input type="checkbox"/>

Please find enclosed the amount of €600.

I have made a bank draft of €600 to

International Montessori 'Hof ten Berg',

Hof ten Berg 22, 1200 Woluwe-Saint-Lambert

KBC Bank account number BE88 7360 1756 4441

For international transfers please use:

IBAN n°: BE88 7360 1756 4441, Swiftcode: KREDBEBB

Bank address: Markt 4, 3080 Tervuren

Please attach a copy of the bank statement.

Passport – Belgian Identity card:

Please attach a copy of your child's passport and their Belgian identity card. In the event that you do not yet have the identity card, please provide the school with a copy as soon as possible.

Signature:

Date (dd/mm/yyyy):

PART 2:

Developmental History:

History of pregnancy:

Infant history:

Activity level and temperament:

Medical history:

Developmental Milestones:

Age at which your child was able to do the following:

Walk independently

--

Speak sentences

--

Eat independently

--

Dress him/herself independently

--

Current Abilities and Health:

Current medication:

--

Allergies:

--

Activity level:

--

Sleeping patterns:

--

Eating habits:

--

Specific food habits:

--

Toilet learning activity level:

--

Interaction with others:

--

Is your child currently attending a Preschool or Day Care center:

Does your child have developmental or learning disabilities:

Family History:

Siblings:

Name: Age: School currently attending:

Name:	Age:	School currently attending:

How long have you lived in Belgium: _____

In which other country(ies) did your child live and for how long:

Health / illnesses:

Other information:

Signature:

Date (dd/mm/yyyy):
