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Principal: Melanie Warnes MA

**Early Childhood Centre**

**Application Form**

Please complete a separate form in ink, for each child.

**INFORMATION ABOUT YOUR CHILD**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s first name(s) (please underline name used) | | | Family name | | | |
| Date of birth - dd/mm/yy (please provide a copy of the passport) | | | Town and country of birth | | | |
| Gender | | | Nationality | | | |
| Mother tongue | | | Languages spoken at home | | | |
| **When would you like your child to attend the Early Childhood Centre?**  **Please tick the relevant time(s)** | | | | | | |
| Full day | |  | | 08.10 - 18.00 | | |
| Morning (includes a snack) | |  | | 08.10 - 12.00 | | |
| Post-Kindergarten (includes tea) | |  | | 14.00 - 18.00 | | |
| **Please write in the relevant box below, the time and group applicable for each day of the week** | | | | | | |
| **Monday** | **Tuesday** | **Wednesday** | | | **Thursday** | **Friday** |
| **Any other information you would like us to know about your child** - for example, any special family circumstances, special dietary or medical needs. It would also be helpful if you could bring along your Baby Record Book on your child’s first day - thank you | | | | | | |

***FOR OFFICE USE ONLY***

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| --- | --- | --- | --- | --- | --- | --- |
| Received | Commence | Isams | Ip | Current | Ra | Af |
| Student Account Number | | Accounts | | T | B | E |

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**FAMILY INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Father/Parent 1’s details** | | | | | | |
| First name(s) | Family name | | Relationship to child | | Nationality | Mother tongue |
| Company | | Business telephone number | | | Mobile/gsm number | |
| Profession/job title | | | | Email | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mother/Parent 2’s details** | | | | | |
| First name(s) | Family name | | Relationship to child | Nationality | Mother tongue |
| Company | | Business telephone number | | Mobile/gsm number | |
| Profession/job title | | | Email | | |

|  |  |
| --- | --- |
| Address for invoicing | Home address (please give present address if Belgian address unknown) |
| Home telephone number |

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| Family details (married, cohabiting, divorced, separated) |
| Name(s), ages and gender of other children in the family (Please indicate if they already attend BSB) |

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| **Emergency contact details**  **Full name** - please state relationship (eg. friend, relative, neighbour):  **Contact’s telephone number** (home, mobile/gsm): |

|  |  |
| --- | --- |
| **The Application Fee, which is non-refundable, should be paid within 4 weeks of submitting an application:**  First child in the family: € 100.00 € 100.00 Each subsequent child: € 50.00  **You will be asked to pay the fee by credit card when submitting this application form via the BSB website.**  [**www.britishschool.be/admissions/start-application-form/**](http://www.britishschool.be/admissions/start-application-form/)**.** | **Please note we cannot process an application form unless the form is signed by the parent(s) or guardian(s).** I wish my son/daughter to be considered for entry to the ‘Early Childhood Centre’ in:  **Month \_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_**  **Parent(s)/Guardian(s) signature:**  **Date:** |

**To submit this application, please visit** [**www.britishschool.be/admissions/start-application-form/**](http://www.britishschool.be/admissions/start-application-form/)**.** You will be asked to enter your contact details, upload this completed application form and pay the application fee.

**If you have further questions, please contact the Admissions Office**

by phone: +32 (2) 766 0437 or email: [admissions@britishschool.be](mailto:admissions@britishschool.be).

**Admissions Office, The British School of Brussels vzw**

**Pater Dupierreuxlaan 1 B-3080 TERVUREN**