

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 |
|---|---------|-----------|----------|--------|
| <p>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</p> | | | | |

FOR OFFICE USE ONLY

| | | | | | | |
|------------------------|----------|----------|----|---------|----|----|
| RECEIVED | COMMENCE | ISAMS | IP | CURRENT | RA | AF |
| STUDENT ACCOUNT NUMBER | | ACCOUNTS | | T | B | E |

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 |

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

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

| | |
|---|--|
| <p>The Application Fee, which is non-refundable, should be paid within 4 weeks of submitting an application:</p> <p>First child in the family: € 250.00 Each subsequent child: €125.00</p> <p>You will be asked to pay the fee by credit card when submitting this application form via the BSB website.</p> <p>www.britishschool.be/admissions/start-application-form/.</p> | <p>Please note we cannot process an application form unless the form is signed by the parent(s) or guardian(s).</p> <p>I wish my son/daughter to be considered for entry to the 'Early Childhood Centre' in:</p> <p>Month _____ Year _____</p> <p>Parent(s)/Guardian(s) signature:</p> <p>Date:</p> |
|---|--|

To submit this application, please visit 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 0430 or email: admissions@britishschool.be.

**Admissions Office, The British School of Brussels vzw
Pater Dupierreuxlaan 1 B-3080 TERVUREN**

Data Protection Statement

In order for us to fulfil our educational, administrative and pastoral obligations, we hold information about our students and their families. All information is kept confidential and we adhere to the 1998 Belgian Data Protection Act.