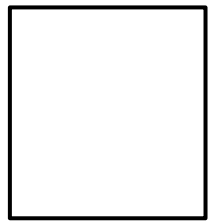


# Little Hearts Kindergarten



## Montessori Playgroup, Nursery and Pre-unit

Daidai Road, South 'B' P. O. BOX 52445 - 00200 Nairobi Telephone 0704-152832  
Email: [lhk1999@gmail.com](mailto:lhk1999@gmail.com) Website: [www.littlehearts.co.ke](http://www.littlehearts.co.ke)

### Admission Form

Surname of Child  First Name  Middle Name

Age:  years  months Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex (M/F)  Nationality  Religion

Previous school attended (if any):

I would like my child to be admitted in (tick appropriate class and session):

- Day Care Class (Under 3 years)
- Playgroup Class (Ages 3-4)
- Pre Primary 1 (P.P.1 - Ages 4-5)
- Pre Primary 2 (P.P.2 - Ages 5-6)

- Half-Day Session (8.00am-12.30pm)
- Full-Day Session (8.00am-3.30pm)

Mother's Name  (Surname)  (First Name)  (Middle Name)

Father's Name

Postal Address (P. O. Box)  City

Telephone Nos. (Off.) 1  (Res.)1  Mobile (fr)   
2  2  (mr)

Email  Residential Location

Occupation (m)  Name of Employer/ (m)   
(f)  Business (f)

Does your child have any known allergies? (Y/N)  If yes, state which

Name of Family Doctor  Telephone Number(s)

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND PASSPORT PHOTO WITH THIS FORM**

**FOR OFFICIAL USE ONLY**

Date Application received \_\_\_\_/\_\_\_\_/\_\_\_\_

Admission Accepted (Y/N)

Admitted into Class

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Admission No.

Signed: \_\_\_\_\_ (Headmistress)

**TERMS AND CONDITIONS**

**Admission:**

- ❖ Children of all races and religions are welcome to join **Little Hearts Kindergarten**.
- ❖ Admission or exclusion of any child for any reason whatsoever is at the discretion of the Management alone.
- ❖ The Management will decide in which class to enlist your child, and this decision will be final.

**Age:**

- ❖ Children aged 1½ to 6 years only may be admitted into this school.

**Timings:**

- ❖ The school is open from 8.00am to 3.30pm. The morning session ends at 12.30pm.
- ❖ Children not using school transport have to be picked up from school by 3.30pm.

**Fees:**

- ❖ The term fees must be paid **in full** on or before the first day of each term.
- ❖ Cash payments should be made directly to our bank account: Diamond Trust Bank, Capital Centre Branch, Account no. 0800087007 and the slip brought to the School Office. Cheques are accepted in school, payable to Little Hearts Kindergarten.
- ❖ The school reserves the right to deny entry to a child for non-payment of fees, lack of co-operation on the side of the parent and any other such reason which may affect the smooth running of the school.
- ❖ **No fee rebate will be given to parents for non-attendance of your child for any reason during the term.**

**School trips, swimming and other outings:**

- ❖ Your child will be taken care of to the best of our ability in school and on all our outings. However, in case of any injury beyond our control, any financial expenses incurred shall be borne by the parent/ guardian of the child.

**General:**

- ❖ Your child should have identification marks on his/her belongings. While members of staff will take care that these are not misplaced, the school will not be held responsible for the loss or damage of unmarked items.
- ❖ Any child suffering from a **severe** cold, mumps, measles, chicken pox or other infections will not be allowed to attend school until they are completely cured of their ailment.
- ❖ Upon arrival at the School, please hand over your child to a teacher or maid; no responsibility can be entertained for children who are not given to the care of the Staff.
- ❖ We encourage you to collect your child personally at the end of the day. However, if you are not able to do this, we require a written authority from you to be sent with the person collecting the child.
- ❖ We request you to inquire about your child's progress regularly. Thursday afternoons (1.30 pm - 3.30pm) are reserved for parent-teacher consultations. You will be duly informed about the meeting dates in the first circular of the term.
- ❖ Please inform the Management immediately of any changes in your residential address or telephone numbers.

The Management reserves the right to amend, add to or withdraw any of the above terms and Conditions. Notice of the same will duly be given to you.

All the Information I have entered overleaf is correct, to the best of my knowledge. I have also read the above Terms and Conditions, and agree to abide by them.

Signed: \_\_\_\_\_ (Parent/ Guardian)

**PLEASE ATTACH A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND PASSPORT PHOTO WITH THIS FORM**