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Unit # 20, Bogue City Centre  
St. James, Jamaica  
(876) 971-0476

## PRESCHOOL APPLICATION FORM

### Section 1

Student's Legal Name: \_\_\_\_\_  
last first middle

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day month year

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gender: Male Female

### Section 2

Mother's Name: \_\_\_\_\_  
last first

Mother's Home Phone: \_\_\_\_\_

Mother's Mobile Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

EMAIL: \_\_\_\_\_



Epilepsy      Kidney complaints      Speech impairments

'Other' health complaints/problems

'Other' description and any additional medical data:

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Description of steps to be taken in such an event:

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Please note that any medication to be administered during school hours must be accompanied with a signed note, outlining dosage instructions, etc.

Special Dietary Needs: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

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Doctor's Telephone Number: \_\_\_\_\_

## **Section 7**

Additional Information

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Please attach the following:

- copy of student's birth certificate
- copy of student's health records
- photo of student
- \$2,000 non-refundable application fee

Once your application form is received and reviewed you will be notified via e-mail regarding an acceptance decision. Submission of an application form does NOT mean admission has been granted.

PARTICIPATION WAIVER:

As with any activity I understand that there may be risk of injury or harm. I agree to be responsible for any medical expenses incurred by my child(ren) while participating in sessions. I agree to hold the staff and volunteers of Fundaciones Limited, and their families, harmless from, and indemnify them for, any damage or loss arising as a result of my child (ren)'s participation in activities.

Parent/ Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_