

# BUMBLEBEES KINDERGARTEN

Herttoniemi branch: Laivalahdenkaari 11, 00810 Helsinki / Pihlajamäki branch: Liusketie 9, 00710 Helsinki

## Application for Admission

### Child Information

<b>Name:</b>	<i>(Last, First, Middle)</i>	<b>Please attach passport-size photo here</b>
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Date of birth:</b> <b>Social Number:</b>	<i>(Day, Month, Year):</i>	
<b>Place of birth:</b>	<i>(City, State/Province, Country):</i>	
<b>Citizenship(s):</b>	<b>Any sibling?</b>	
<b>Mother's Native Language:</b>		
<b>Father's Native Language:</b>		
<b>Languages Spoken at Home:</b>		
<b>How would you rate your child's spoken English?</b>	Good <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> None <input type="checkbox"/>	
<b>Does your child have any physical or learning difficulties?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, please explain</i>	
<b>Has your child ever been enrolled in any type of Special Education or Learning Support program?</b>	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If yes, please explain</i>	
<b>Which is your preferred branch &amp; when would you like your child to start?</b>	Herttoniemi <input type="checkbox"/> <i>(Day, Month, Year)</i> Pihlajamäki <input type="checkbox"/>	

# BUMBLEBEES KINDERGARTEN

## Parent / Guardian Information

<b>Home Address:</b>	
<b>Home Telephone:</b> Published in phone book? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Emergency Telephone</b> ( <i>Relative, Friend, Neighbor, etc.</i> )
<b>Mobile Phone Number:</b> Published in phone book? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Email Address:</b>
<b>Mother's Name and Citizenship</b>	<b>Tick one:</b> Natural <input type="checkbox"/> Mother      Step <input type="checkbox"/> Mother      Legal <input type="checkbox"/> Guardian
<b>Mother's Occupation:</b>	<b>Name of Mother's Company/Organization</b>
<b>Mother's Work Address:</b>	<b>Telephone Number:</b>
<b>Does the mother speak English?</b>	Yes <input type="checkbox"/> little <input type="checkbox"/> None <input type="checkbox"/>
<b>Father's Name and Citizenship:</b>	<b>Tick one:</b> Natural <input type="checkbox"/> Father      Step <input type="checkbox"/> Father      Legal <input type="checkbox"/> Guardian
<b>Father's Occupation:</b>	<b>Name of Father's Company/Organization:</b>
<b>Father's Work Address</b>	<b>Telephone Number:</b>
<b>Does the Father speak English?</b>	Yes <input type="checkbox"/> little <input type="checkbox"/> None <input type="checkbox"/>
<b>Signatures</b>  We understand that, if this application results in admission to Bumblebees Kindergarten, my/our child will follow all rules and procedures.  _____	
<i>Signature of Father (or legal Guardian) &amp; Date</i> <i>Signature of Mother (or legal Guardian) &amp; Date</i>	

# BUMBLEBEES KINDERGARTEN

## Childs Medical History

<b>Name:</b>	<i>(Last, First, Middle)</i>		
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>		
<b>Date of birth:</b> <b>Social Number:</b>	<i>(Day, Month, Year):</i>		
<b>Doctors Name:</b>			
<b>Medical center address:</b>	<b>Telephone number:</b>		
<b>**EMERGENCY CONTACTS**</b> <b>Name:</b>	<b>Relationship:</b>		
<b>Telephone :</b>	<b>Mobile Phone:</b>		
<b>Asthma:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Diabetes:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Heart Disease:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Seizures:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Inherited Anomalies</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Explain:	<b>Serious Injuries/Accidents</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (year)_____ Explain:		
<b>Surgery (Operations)</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (year)_____ Explain:	<b>Other Health Concerns?</b>		
<b>Allergies (List)</b>			
<b>Drug:</b>	Reaction:		
<b>Food:</b>	Reaction:		
<b>Other:</b>	Reaction:		
<b>Routine Medications (List) and Reason for Taking:</b>			