



innocent minds

Salman Bldg, Maysaloun street (off Bliss Road), Facing Concord Hotel



# Registration Form

Date \_\_\_\_\_ Academic Year \_\_\_\_\_

Enrollment Mode  Without Lunch  With lunch

Desired Date of Entrance \_\_\_\_\_

Sex  Male  Female

Child's Name \_\_\_\_\_

Place and Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Profession \_\_\_\_\_

Cellular No \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Profession \_\_\_\_\_

Cellular No \_\_\_\_\_ E-mail \_\_\_\_\_

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

Tel \_\_\_\_\_

Name and Tel n° of two persons to contact in case of emergency

Name	tel/cellular	Relationship
1. _____	_____	_____
2. _____	_____	_____

Physician's Name \_\_\_\_\_ Tel n° \_\_\_\_\_

Any Allergies  Yes  No If yes (please state) \_\_\_\_\_

Any Daily Medications  Yes  No If yes (please state) \_\_\_\_\_

Has your child had any of the following?

Children Pox	Measles	Mumps	German Measles
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Language(s) spoken at home  Arabic  French  English

Would you like your daily report to be sent by e-mail?

Yes  No If(yes) e-mail address \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

