



APPLICATION FORM

2025-2026

CHILD'S Personal Details

Family Name:	First Name:	Middle Name:
الاسم باللغة العربية		
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Child's Nationality:	Spoken Language(s):	
Passport Number:	National Number (Jordanian Citizens Only):	

PARENTS' Personal Details

	FAMILY NAME	FIRST NAME	NATIONALITY
PARENT 1:			
PARENT 2:			

	OCCUPATION	EMPLOYER'S NAME	EMPLOYMENT ADDRESS
PARENT 1:			
PARENT 2:			

CONTACT Details

Primary Contact No./E-Mail:	Relationship:
Secondary Contact No./E-Mail:	Relationship:
Emergency Contact No./ E-Mail:	Relationship:

Previous Preschools Attended (if applicable)

Name(s) of Previous School	City/Country	Dates	Language of Instruction
_____	_____	_____	_____
_____	_____	_____	_____

Please give us full information about any special learning needs so that an appropriate assessment may be made.

Desired Date of Admission to ECOKIDS: / / 20

Anticipated Length of Stay at ECOKIDS:

1 Term Full Year 2 Years Other(specify): _____

I have read the "Fees Policy" and agree to it.

Signature of Parent: _____

Date: _____

*** When registering your child kindly bring copy of valid passport + 2 passport photos**

Official Use Only

▪ **CLASS LEVEL APPLIED TO:**

☐ Toddlers ☐ Pre1 ☐ Pre2 ☐ KG

▪ **TUITION FEES RECEIVED?**

☐ Yes ☐ No NOTES _____

▪ **COPY OF BIRTH CERTIFICATE SUBMITTED?**

☐ Yes ☐ No NOTES _____

▪ **IMMUNIZATION RECORD SUBMITTED?**

☐ Yes ☐ No NOTES _____

▪ **REQUIRED FORMS SUBMITTED?**

☐ Yes ☐ No NOTES _____

Medical Record

It is essential that this information is completed fully and returned to the school before your child enrolls in school.

Personal Information:

Child's Name:

Date of Birth:

Nationality:

Guardian's Mobile No.:

Emergency Contacts (Name, Relationship, Contact #)

1. _____

2. _____

Health & Immunization Requirements

- The school is required by law to keep a record of each student's immunization record, as per the state requirements.
- Families are requested to provide the school with a copy of the child's records prior to enrollment.
- Please make sure to update your child's records with the school upon administering new vaccination.
- If your child is absent from school for health reasons, you are required to provide written explanation for the absence.
- An absence of more than three consecutive days requires a note from the child's pediatrician.

Medical History:

Name of Child's Pediatrician: _____

Address: _____

Tel. No: _____

Does your child have a history of, or suffers from, any of the following:		
	Yes	No
Asthma		
Diabetes		
Heart Disease		
Epilepsy		
Otitis Media		
Allergies		
Hearing Challenges		
Speech Challenges		
Vision Challenges		
Surgical Operations		
Childhood Diseases Chickenpox Measles Mumps Rubella		

Is your child on regular medication? Yes / No

Is your child allergic to any medication? Yes / No

If yes, please provide details: _____

- The school may use natural, homeopathic topical salves, fever reducing medications, and cough suppressants if needed. Would you prefer that none of these first aid remedies be administered?**
 - ☐ No, do not administer.
 - ☐ Yes, please administer, if necessary
- Please note that in case of emergency, the school may need to admit your child to the nearest hospital, while notifying the parent of such an emergency. Kindly indicate if you have any objection to this procedure:**
 - ☐ Approve
 - ☐ Disapprove (Please provide details _____)
- Please note that the school is mandated to conduct regular health checks (height/weight/vision/hearing/vital signs) for all students by a board-certified pediatrician. Parents will be notified in advance of such visit (once per school year).**

By signing below, you agree to these mandatory health checks:

Signature of parent or guardian:	Date:
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