

DATE OF REGISTRATION

/   /

## CHILD INFORMATION

Full Name (English) :

ឈ្មោះ (ខ្មែរ) :

Male :  Female :

Nationality :

Date of Birth :   /   /

Primary Language :

Address :

Little Tots Program (please circle) :  Mon /  Tue /  Wed /  Thur /  Fri

Weekly :

Half Day Program :  Pre-Nursery Full Day Program (please circle) :  PN /  N /  K1 /  K2

Preferred Start Date :   /   /

Has your child been to school before?  Yes /  No If yes, where? \_\_\_\_\_

How Did You Hear About Us? Facebook  Website  Walk-in  Fair  Referral  \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Full Name :

Relation to child :

Contact number:

Occupation :

Parent/Guardian 2 Full Name :

Relation to child :

Contact number :

Occupation :

## EMERGENCY CONTACT INFORMATION

Emergency Contact Full Name :

Relation to child :

Contact number :

**Address :** No 15, Street 291, Khan Toul Kork, Sangkat Boeung Kok I, Phnom Penh 120407

**Email :** contactus@orangecrestschool.com

**Phone/ Telegram :** +855 (0)87 96 8899

## MEDICAL INFORMATION

Does your child suffer from any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heart Condition (អាការៈបេះដូង) | <input type="checkbox"/> Asthma (ជំងឺហឺត)                     | <input type="checkbox"/> Epilepsy (ជំងឺឆ្លុតជ្រុក)                     |
| <input type="checkbox"/> Diabetes (ជំងឺទឹកនោមផ្អែម)     | <input type="checkbox"/> Allergies (អាឡែស៊ី)                  | <input type="checkbox"/> Hemophilia - bleeding disorder (ជំងឺឈាមក្រកក) |
| <input type="checkbox"/> Others (ជំងឺផ្សេងៗទៀត)         | <input type="checkbox"/> None of the above (គ្មានអាការៈខាងលើ) |  |

Illnesses :

Allergies :

Medication :

Allergies to Medication :

Is your child immunized against the following? Please submit evidence of immunization.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Diphtheria (ខាន់ស្វាក់)     | <input type="checkbox"/> Tetanus (តេតាណុស)           | <input type="checkbox"/> Measles (ក្រញើល)        | <input type="checkbox"/> Mumps (សាឡូទែន)                       |
| <input type="checkbox"/> Hepatitis A (ថ្លើមប្រភេទ A) | <input type="checkbox"/> Hepatitis B (ថ្លើមប្រភេទ B) | <input type="checkbox"/> Typhoid (គ្រុនពោះរៀន)   | <input type="checkbox"/> Rabies (ជំងឺឆ្លៀត)                    |
| <input type="checkbox"/> Chickenpox (ជំងឺអុតស្វាយ)   | <input type="checkbox"/> Poliomyelitis (ស្លិតដៃជើង)  | <input type="checkbox"/> Tuberculosis (ជំងឺរលេង) | <input type="checkbox"/> Japanese Encephalitis (ជំងឺរលាកក្បាល) |
| <input type="checkbox"/> Pertussis (ក្អកម៉ាន់)       |  |  |  |

Orange Crest Preschool will not administer any medication to the student unless a signed permissions form is received from the parents/guardians.

I hereby certify that the facts I have stated in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian 1 Full Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian 2 Full Name and Signature

\_\_\_\_\_  
Date

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