



Rainbow Trout Creativity, The Harbour School

23/104 Phuket Boat lagoon, Garden Plaza Moo 2 Thepkasattri Rd. Kohkaew
Muang Chang Wat Phuket 83000, Thailand
Phone: 063-569-4665 (Thai) 065-396-5314 (English) 076 238 947 (Office)
Email: info@rainbowtroutcreativity.com

CHILD'S first name: Last name: Date of Birth:

Nickname: Middle name: Male Female

Child's Primary Address:

City: Postcode: Home Number:

START DATE, if other than the first day of the new school year:

PARENT/LEGAL GUARDIAN (1):

Address (if different than above):

Home Phone: Mobile Phone: Work Phone:

Email:

PARENT/LEGAL GUARDIAN (2):

Address (if different than above):

Home Phone: Mobile Phone: Work Phone:

Email:

Please indicate where monthly billing is to be mailed: VISA/Checking monthly automatic payments may be arrange by contacting the office

Child's Primary Address Parent (1) Parent (2) Others

REGISTRATION REQUESTS:

Pre-K (2-3 Years old)
HALF DAY 9.00-12.00 5 days
FULL DAY 9.00-14.30 5 days

K1-K2 (3-4 Years old)
FULL DAY 9.00-14.30 5 days
K3 (5-6 Years old)
FULL DAY 9.00-15.00 5 days

G1 (6-7 Years old)
FULL DAY 9.00-15.00 5 days



NO CHILD MAY ENROLL IN THIS PROGRAM WITHOUT EMERGENCY AND MEDICAL CONTACT INFORMATION PROVIDED IN ITS ENTIRELY

In an emergency we will attempt to contact parents FIRST followed by the emergency contacts in the order listed below

PERSONS AUTHORISED TO PICKUP MY CHILD IN A NON-EMERGENCY (Other than parents)--Optional (This applies to carpooling families, care givers, grandparents, etc)

Name (1): Relationship:

Mobile Phone: Home Phone:

Name (2): Relationship:

Mobile Phone: Home Phone:

Name (3): Relationship:

Mobile Phone: Home Phone:

EMERGENCY CONTACTS--Required-- to be contacted in the event parents are unreachable

Name (1): Relationship:

Mobile Phone: Home Phone:

Name (2): Relationship:

Mobile Phone: Home Phone:

MEDICAL EMERGENCY CONTACTS

Physician: Insurance Provider:

Dental Provider (if applicable):

EMERGENCY MEDICAL RELEASE

In the event of a medical emergency, I hereby authorise Rainbow Trout Creativity, The Harbour School to obtain emergency medical treatment and to obligate me for all expenses. I will be notified as soon as possible in all medical emergencies. By signing below, I authorised this Emergency Medical Release for the duration of my child's enrolment in Rainbow trout Creativity , The Harbour School for the school year of April 2018 to June 2019.

Parent Signature:

Parent Signature:

MEDICAL INFORMATION

Please indicate if your child has any health concerns

Asthma Enureis (bed wetting) Learning Disabilities or Delays Urinary Tract Infections

Past significant illness: Accidents:

Surgeries:

ALLERGIES

Foods: Insects:

Medications: Other:

Please provide further medical/health information below. All information is confidential and will not be shared with other families. Parents are asked to update their child's health information as necessary during the school year.

Please share with us any other information that you feel would assist teachers in caring for your child.

AUTHORISATIONS (All permissions are authorised for the duration of enrolment unless we receive written notification of any changes.)

- My Child may be photographed for publicity, web site or news purposes (please initial) Yes No
- My child's photo may be posted on Facebook for publicity or news purposes Yes No
- My child may be photographed for class and school newsletters or class projects Yes No
- Sunscreen may be applied to my child Yes No
- My child may view age-appropriate videos when they apply to a unit of study. Yes No
- My child may attend field trips away from campus on foot or in authorised vehicles. Yes No
- My child may not attend field trips and i will find other arrangements for my child school day Yes No

Please initial next to the information that we may publish in our family directory

Family name: Address: Home Phone:

Mobile Phone: Email(s): Child's Date of birth:

POLICY ACKNOWLEDGEMENT

I have read and agree to abide by guidelines set forth in the Rainbow Trout, The Harbour school 2018-2019 preschool parent handbook regarding policies and procedures.

Parent Signature:

TUITION

When a place is offered, the enrolment fee must be paid within seven (7) days. If the enrolment fee is not received within 7 days, priority will be given to other applicants. The first installment of tuition fees are due on the 1st June for August entry and six weeks prior to the student's commencement at other times during the school year. The Medical Examination Form will need to be completed and returned prior to the student's start date