



Curious Kind – Application Form

| CHILD'S DETAILS | |
|---|---|
| First Name | <div style="border: 1px solid black; border-radius: 15px; width: 100%; height: 100%; text-align: center; vertical-align: middle;">Child's Photo</div> |
| Last Name | |
| Nick name <small>(name to be called at school)</small> | |
| Gender | |
| Date of birth | |
| Nationality <small>(as shown on passport)</small> | |
| Passport Number <small>(can leave blank for Thai nationality without a passport)</small> | |
| Home Address | _____ |
| | City _____ Postcode _____ Country _____ |
| Allergy | |
| <input type="checkbox"/> Nothing | |
| <input type="checkbox"/> Yes (please indicate) _____ | |

| PARENTS' INFO | MAIN CONTACT | SECONDARY CONTACT |
|---------------|--|--|
| Relationship | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ |
| Full Name | | |
| Nationality | | |
| Profession | | |
| Email | | |
| Phone Number | | |

Parent 1's
Photo

Parent 2's
Photo

| SIBLINGS (leave blank if there are no siblings yet) | | | |
|--|--|--|--|
| Name/Nick name | | | |
| Age in year | | | |
| Gender | | | |

| PERSON(S) AUTHORISED TO PICK UP THE CHILD | | | |
|--|--|--|--|
| Relationship | | | |
| Name | | | |
| Phone number | | | |

| EMERGENCY HEALTH INFORMATION | | |
|---|--|--------------|
| Emergency Contact Name | | Phone Number |
| Hospital | | Phone Number |
| Doctor Name | | |
| Physical Health | | |
| <input type="checkbox"/> Good <input type="checkbox"/> Other (please indicate) (any physical concern of which we should be aware) <hr/> | | |

| PERMISSION | |
|---|--|
| With this application I authorise Curious Kind to call a medical practitioner or ambulance from Samitivej Hospital in the case of accident or illness of my child, if the parent cannot immediately be reached. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>To document your child's learning journey we take images and videos of your child. Please specify if we can use them also on our social media channels and website.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| PAYMENT PLAN | |
|--------------------------------------|---|
| Prepay Yearly | <input type="checkbox"/> 5 days <input type="checkbox"/> 3 days |
| Prepay Term (Trimester) | <input type="checkbox"/> 5 days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days |
| Prepay Monthly (Instalment per term) | <input type="checkbox"/> 5 days <input type="checkbox"/> 3 days <input type="checkbox"/> 2 days |

CHECKLIST FOR APPLICATION FORM

| | |
|--------------------------|--|
| <input type="checkbox"/> | <i>Copy of the Child's Birth Certificate / Passport</i> |
| <input type="checkbox"/> | <i>Copy of Parent 1's ID</i> |
| <input type="checkbox"/> | <i>Copy of Parent 2's ID</i> |
| <input type="checkbox"/> | <i>Copy of ID / Passport of other guardians who are allowed to collect child from centre</i> |
| <input type="checkbox"/> | <i>3 Pictures, Child, Parent 1, Parent 2</i> |
| <input type="checkbox"/> | <i>Pictures of guardians allowed to collect child from centre (can be added later)</i> |

Parent's Signature

Date. ____/____/____