

Application Form

Child's Information:

Name of Child:.....

Date of Birth (day/month/year): / / Nationality:

Languages child hears at home:

Mother Tongue: Is your child verbal? Yes No

Home address:

Has your child attended nursery / pre-school before? Yes No

If yes, name of school:

Please list any known allergies:

Does your child have any additional needs / ongoing? Yes No

If YES, please give details

Note: If your child has been assessed, please provide documentation in relation to the assessment to assist Small Talk in planning for your child's individual needs.

Family Information:

Name of **Father**: Nationality:.....

Occupation / place of work:.....

Email:


Mobile:.....

Name of **Mother**:..... Nationality:.....

Occupation / place of work:

Email:

Mobile:

see other side 



Name(s) and age(s) of **siblings**:

.....
.....

School(s) they attend:.....

Date you would like your child to begin at Small Talk?

School that the child will most likely attend if family continues to reside in Cairo (i.e. CAC, MBIS, MES, NCBIS, BISC, El Alsson, Malvern, AIS, other):

.....

Any other information relevant to child's welfare that our staff should know:

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.....

How did you hear about Small Talk?

- "Graduated" Small Talkers Word of Mouth Friends
 Family Facebook Internet Search
 Instagram
 Learning Support Center (Please specify):
 Other:

Date of application:

Signature of parent:

Registration Fees are requested once your child is offered a place and are non-refundable.