

PETER PAN INTERNATIONAL PRE-SCHOOL

APPLICATION FORM

Full Name of Child: _____

Full Date of Birth: _____ Blood Type: _____

Other Family Members: _____

Home Address: _____

Home Telephone: _____

Mobile Phone Number: _____

Email Address: _____

Father/Mother's Place of Employment / Contact Number: _____

Emergency Contact Number: _____

Persons authorized to pick up your child: _____

When do you want your child to start attending Peter Pan School? _____

School Experience: _____

What kind things do you enjoy doing with your child? _____

How would you describe your child's personality? _____

What skills would you like to see the school develop in your child? _____

What methods of discipline/control/motivation do you use with your child? _____

What kind of child would you like your child to be? _____

Does your child have any health problems that we should know about? _____

Peter Pan School on CA Campus / Tel:078-857-4923
Peter Pan School on Rokko Island/ Tel:078-857-5144

Date of entrance 20 ____ 年 ____ 月 ____ 日 Date of graduation 20 ____ 年 ____ 月 ____ 日