



**NURTURING
YOUNG MINDS**
To Become KIND & HAPPY
Lifelong Learners

BRIGHT SEEDS KINDERGARTEN
64 Huay Kaew Rd., T. Chang Phueak,
A. Mueang, Chiang Mai 50300
085-688-5685 | info@BrightSeedsKindergarten.com
BrightSeedsKindergarten.com

V. February 2025

APPLICATION FORM

Bright Seeds International Kindergarten



Documents required for enrolment

Please send this application form and the following documents to the school.

- | | |
|--|---|
| <input type="checkbox"/> Application Form | <input type="checkbox"/> Photocopy of Father's ID or Passport (and Visas if applicable) |
| <input type="checkbox"/> Medical Information Form | <input type="checkbox"/> Photocopy of Child's Passport (and Visa if applicable) |
| <input type="checkbox"/> Copy of the student's Immunization Record | <input type="checkbox"/> Two passport size photo of your child |
| <input type="checkbox"/> Photocopy of Child's Birth Certificate | <input type="checkbox"/> One passport size photo of parent/ guardian |
| <input type="checkbox"/> Photocopy of Child's House Registration (for Thai nationals only) | <input type="checkbox"/> One passport size photo of nanny or person authorised to collect your child from school. |
| <input type="checkbox"/> Photocopy of Mother's ID or Passport (and Visas if applicable) | |

1. STUDENT PROFILE

Last Name:

First Name:

Nickname:

Date of Birth: (Day / Month / Year)

Gender:

☐

Boy

☐

Girl

Nationality:

Native Language:

Passport Held:

Passport Number:

Start Term:

☐

Term 1

☐

Term 2

Start Date: (Day / Month / Year)

Home Address : (in Thailand)

Province:

Postal Code:

Contact Number:

Contact Person:



2. TYPE OF PROGRAM (Please choose one of the program below)

AGE:

1.5-3
years

Nursery 1 :

☐

3 days / week

☐

4 days / week

☐

5 days / week

☐

Half day (08:30-12:30)

☐

Full day (08:30-14:30)

AGE:

2-3
years

Nursery 2 :

☐

3 days / week

☐

4 days / week

☐

5 days / week

☐

Half day (08:30-12:30)

☐

Full day (08:30-14:30)

AGE:

3-4
years

Kindergarten 1 :

☐

Half day (08:30-12:30)

☐

Full day (08:30-14:30)

AGE:

4-5
years

Kindergarten 2 :

☐

Full day (08:30-14:30)

AGE:

5-6
years

Kindergarten 3 :

☐

Full day (08:30-14:30)

3. SIBLING INFORMATION (If applicable)

Last Name:

First Name:

Gender:

☐

Boy

☐

Girl

Date of Birth: (Day / Month / Year)

Current School:



4. PARENTS / GUARDIAN INFORMATION

4.1 Mother / Guardian # 1

Last Name:

First Name:

Nationality:

Occupation/ Position :

Employment's Name :

Address :

Mobile:

Telephone:

Email:

4.2 Father / Guardian # 2

Last Name:

First Name:

Nationality:

Occupation/ Position :

Employment's Name :

Address :

Mobile:

Telephone:

Email:

4.3 Order of person to contact when need arises: (Put number 1 to 3)

no.  Mother no.  Father no.  Other (Please give details)

4.4 Financial Responsibility (You can select more than 1 item)

☐ Family % ☐ Employer % ☐ Other



5. GENERAL INFORMATION ABOUT YOUR CHILD

5.1 Previous Kindergarten/Play Center Attended:

School Name:

Language of Instruction:

Country:

How long has your child lived in Thailand:

Does your child have any cultural/ religious requirement?

5.2 Does your child: (Please give details)

Play well alone?

Prefer to play with other children?

Seek adult attention while playing?

Have any special toys, games, or interests?

Ask for stories to be read?

Other comments about play:

5.3 Has your child ever had any kind of specialist educational assessment other than normal school reports?

☐ Yes

☐ No

If yes, please give details



6. TRANSPORTATION INFORMATION

6.1 My child will go home with: (Please note that if there is any change with the pick-up person on a particular day, the school must be informed.)

Parent / Guardian Last Name:

Parent / Guardian First Name:

Driver Last Name:

Driver First Name:

Nanny Last Name:

Nanny First Name:

Important Notes:

- Please provide the ID of your driver or nanny. If there is a change, the school needs to be informed immediately.
- If the driver or nanny is not accompanied by a parent at pick up time, the student ID has to be shown to our staff.

7. OTHERS

7.1 Electronic Communication

In our efforts to reduce paper consumption, the majority of our written communication with parents will be sent via email.

Please indicate below, the email address you would like to use to receive newsletters and any other school updates/information.

Parent 1 name:

Relationship:

Email:

Parent 2 name:

Relationship:

Email:

7.2 Website and Leaflet Photos Permission

The documentation of the children's experiences at school is an essential part of our program. We feel that these experience should also be made accessible to our parents. Please be assured that we will use discretion in selecting photos in an appropriate manner.

Do you give permission for your child's photos to be on our website and leaflet?

☐ Yes

☐ No



8. TERMS OF ACCEPTANCE & PARENTAL DECLARATION

I hereby acknowledge, understand and agree to cooperate with Bright Seeds staff and support the school rules and guidelines.

I understand that my child is expected to follow the school rules during school activities and all school sponsored trips. I agree to allow my child to participate in all school activities. I hereby release the teachers and school from any claims due to loss of the child's belongings and/or injury to the child.

I understand and agree that in the event of an emergency, Bright Seeds International Kindergarten will make every effort to contact parents or guardian. However, if it is not possible, the child will be given the necessary emergency medical attention and/ or taken to a suitable hospital for treatment.

I understand that if the school should need to close due to unforeseen circumstances such as political unrest, outbreak of contagious diseases etc., the school will not be responsible for days lost and no refunds will be given. Any make up days will be at the discretion of the school administration. In making this application,

I undertake and agree:

- All school fees are subject to change/increase.
- Completion of this form does not guarantee admission and that the school decision regarding any application is final. Applications are reviewed in accordance with the school's admission criteria, which considers a number of factors and may change from time to time. The school reserves the right not to disclose admission criteria.
- Should your child be offered a place at Bright Seeds International Kindergarten, the child and the parents/guardian agree to comply with the school rules and policies and make all due payments according to our fee policy.
- Bright Seeds International Kindergarten reserves the right to deny enrollment of a child should their behavior be determined too disruptive to their own and/or other children's learning or should a child's education needs are beyond reasonable accommodation of Bright Seeds' regular programme (and/or additional fees may be required for special support)

I have read and agreed with the terms and conditions set forth. To the best of my knowledge, the information provided herein is true and accurate. The School reserves the right to withdraw a place in the event of inaccurate information disclosure.

Parent / Guardian Signature :

Day / Month / Year :

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**FOR
OFFICE
USE**

Start Class:

☐ Nursery 1

☐ Nursery 2

☐ K 1

☐ K 2

☐ K 3

Type:

☐ Half day

☐ Full Day

☐ 3 Days

☐ 5 Days

Payment for Registration:

Paid on:

Office staff signature:



MEDICAL INFORMATION FORM

Bright Seeds International Kindergarten

1. STUDENT PROFILE

Last Name:

First Name:

Nickname:

Date of Birth: (Day / Month / Year)

Child's Height:

cm

Child's Weight:

kg

2. EMERGENCY CONTACT

2.1 Emergency Contact # 1

☐

Same as parent # 1

Last Name:

First Name:

Relationship to Student:

Nationality:

Cell Phone Number:

Home Phone Number:

2.2 Emergency Contact # 2

☐

Same as parent # 2

Last Name:

First Name:

Relationship to Student:

Nationality:

Cell Phone Number:

Home Phone Number:

3. HEALTH CONDITION

Please indicate any of the following conditions that your child has previously or is currently receiving medical attention for:

Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Frequent Headaches	<input type="radio"/> Yes <input type="radio"/> No	ADD / ADHD	<input type="radio"/> Yes <input type="radio"/> No
Epilepsy	<input type="radio"/> Yes <input type="radio"/> No	Migraine Headaches	<input type="radio"/> Yes <input type="radio"/> No	Persistent Nosebleeds	<input type="radio"/> Yes <input type="radio"/> No
Congenital Disease	<input type="radio"/> Yes <input type="radio"/> No	Vision Problems	<input type="radio"/> Yes <input type="radio"/> No	Rashes / Skin Problems	<input type="radio"/> Yes <input type="radio"/> No
Asthma	<input type="radio"/> Yes <input type="radio"/> No	Ear Problems	<input type="radio"/> Yes <input type="radio"/> No	Frequent Stomach Aches	<input type="radio"/> Yes <input type="radio"/> No
Typhoid	<input type="radio"/> Yes <input type="radio"/> No	Heart Problems	<input type="radio"/> Yes <input type="radio"/> No	Influenza	<input type="radio"/> Yes <input type="radio"/> No
Anemia	<input type="radio"/> Yes <input type="radio"/> No	Kidney / Urinary Tract Problems	<input type="radio"/> Yes <input type="radio"/> No	Others	<input type="radio"/> Yes <input type="radio"/> No



4. PLEASE SPECIFY THE FOLLOWING

4.1 Allergies to Food ☐ Yes ☐ No

If yes, please list down the food items:

Reaction:

Routine Medication & Dose:

4.2 Has your child ever had surgery or major injury? ☐ Yes ☐ No

If yes, please specify

4.3 Is your child able to fully participate in P.E. / Sports / Swimming? ☐ Yes ☐ No

If no, please provide reasons

4.4 Is your child toilet trained? ☐ Yes ☐ No

4.5 Does your child wear eyeglasses? ☐ Yes ☐ No

4.6 Has your child taken all the required vaccinations from birth? ☐ Yes ☐ No

(The school requires a copy of the student's immunization record)

5. MEALS

5.1 What meal does your child take? ☐ Non-Vegetarian ☐ Vegetarian ☐ Non-pork

5.2 Dietary Requirements / Restrictions

Requirements:

Restrictions:

5.3 Can your child chew solid food? ☐ Yes ☐ No

5.4 Can your Child feed themselves? ☐ Yes ☐ No



6. THE ADMINISTERING OF TYLENOL

The administering of all medications requires parental written permission with clear instructions of dose and timings.

With your permission, the school nurse / staff may give your child Tylenol or its equivalent for minor aches or fever.

(child's name)

☐

Bright Seeds nurse or school staff
has my consent to give my child

Tylenol or its equivalent during the school time

☐

Please do not give my child Tylenol or its equivalent

7. PARENTAL CONSENT

The school requires that certain exceptions from parental permission be available for operative and therapeutic procedures on minors. The following consent form must be signed by parents so that emergency procedures may be carried out promptly, and so that no unnecessary delays occur with less urgent operative procedures. However, no operation will be performed, except in the case of extreme emergencies, without parents being contacted and fully informed.

I give permission for such medical procedures as may be considered necessary for my son/daughter.

Parent Signature:

Guardian Signature:

Day / Month / Year:

8. MEDICAL DECLARATION

We have the following policy in relation to children who may become ill at school or who come to school sick.

Sick Children:

If a child becomes ill at school and shows the onset of a developing sickness — such as fever, influenza, chickenpox, HFMD, other common childhood diseases, or the symptoms are of concern that the illness may spread to other children, the school's legal duty of care obliges us to hand the child over to the care of their parents as quickly as possible.

The parents will be called and asked to collect the child from the school. The child will be waiting in the first aid room.

The parents are required to keep the child at home until they have a doctor's clearance to return to school.

Approval to take the following actions in relation to child health:

- Allow the school staff / teacher to conduct six monthly measurements of growth — measuring body weight and height.
- Where there is suspicion of head lice, to check a child's hair.

Parental Agreement:

Parent Signature: