



Lasona- Nature Kindergarten Nairobi

Application Form

Child

|             |                |  |
|-------------|----------------|--|
| First Name  |                |  |
| Last Name   | Internal notes |  |
| Gender      | Received       |  |
| Birthday    | Admission      |  |
| Languages   | Waiting list   |  |
| Nationality |                |  |

Requested Care time:

7:30 am- 4:30pm (Full day)

7:30 am- 1:00pm (Half Day)

Mother

Father

|                    |  |  |
|--------------------|--|--|
| First Name         |  |  |
| Last Name          |  |  |
| Nationality        |  |  |
| Religion           |  |  |
| Language           |  |  |
| D.O. B             |  |  |
| Physical address   |  |  |
| Town               |  |  |
| Phone (private)    |  |  |
| Phone (office)     |  |  |
| E- mail            |  |  |
| Profession         |  |  |
| Employer/Workplace |  |  |

Name

Phone

|                              |  |  |
|------------------------------|--|--|
| 1 <sup>st</sup> Auth. Person |  |  |
| 2 <sup>nd</sup> Auth. person |  |  |

Is another sibling attending Lasona kindergarten?

Yes  No Other

Does your child have an impairment we should be aware of?

1



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Yes  No If yes which

Does your child have any chronic illness or allergy

Yes  No If yes which

How did you hear about us:

Online search

Social media

Friends

Other

Do you use any of the following platforms? (Optional)

What's app groups

Instagram

Facebook

LinkedIn

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Date, place

Parents Signature