



# APPLICATION FORM

Please print, fill in and sign.

NON-REFUNDABLE APPLICATION FEE OF 1500 PLN will be collected upon acceptance.

PARENTS' NAMES: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ OCCUPATION & EMPLOYER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MOBILE PHONE FATHER /MOTHER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ BOY: \_\_\_\_\_ GIRL: \_\_\_\_\_

CHILD'S DATE OF BIRTH: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ (DDMMYY)

LANGUAGES SPOKEN AT HOME: \_\_\_\_\_ ENGLISH PROFICIENCY: \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

ARRIVAL DATE IN POLAND & LENGTH OF STAY: \_\_\_\_\_

SESSION PREFERENCE (NOT GUARANTEED)

- 2 - 3 YR. OLDS/ 8:30 - 2:30 (preschool)
- 4 YR. OLDS/ 8:30 - 2:30 (pre-kindergarten)
- 5-6 YR. OLDS/ 8:30 - 2:30 (kindergarten)
- Free extended care 2:30-5:30 pm

DO YOU HAVE CHILDREN ATTENDING OTHER SCHOOLS IN WARSAW? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please provide the name of the school(s) \_\_\_\_\_

## STATEMENT OF LIABILITY

Our signature to this statement certifies that we recognize the International Preschool of Warsaw as a voluntary, non-profit and informal organization, which cannot be held legally responsible for the health or welfare of the participating teachers and pupils. Accordingly, and in consideration of the enrollment of our child or our engagement with the teaching staff, we hereby waive in advance any and all claims against the preschool for damages, which may arise directly, or indirectly from the participation of our child or ourselves in the activities of the school.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Note: No child will be admitted without this signed statement.)

APPLICATION Received: \_\_\_\_\_ APPLICATION FEE Received: \_\_\_\_\_

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**The International Preschool of Warsaw**

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