

## APPLICATION PROCESS

### STEP 1: Get to know Little Explorers

- Contact us at [info@littleexplorersthailand.com](mailto:info@littleexplorersthailand.com)
- Visit our website at [www.littleexplorersthailand.com](http://www.littleexplorersthailand.com)
- Schedule an appointment to visit our campus and meet our Programme Director

### STEP 2: Submit your application

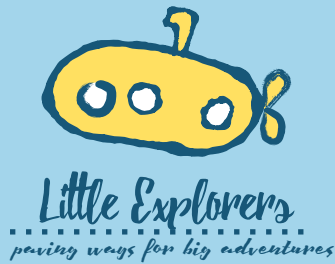
- Complete an application form with all required documents
- Send a scanned copy of the completed application to: [info@littleexplorersthailand.com](mailto:info@littleexplorersthailand.com), fax to +66(0)2712-6835, send via post to our address, or drop it off at our location.
- Once we have received your application, we will send you a confirmation email.
- Within 10 business days of your application submission, you will be informed of admission decision via telephone and email. A formal letter will be mailed to the mailing address provided on your application.

### STEP 3: Secure your placement

- Pay registration fee in order to guarantee your child's placement
- Pay tuition and other programme fees

### STEP 4: Join Little Explorers

- Attend parent orientation session
- Your child can begin the programme



## APPLICATION FORM

(Please complete this form in CAPITAL LETTERS)

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender (check one): ☐ Male ☐ Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Months

Primary Language(s) : \_\_\_\_\_

Other Language(s): \_\_\_\_\_

Requested start date: \_\_\_\_\_

Year group (check one): ☐ Toddler(18-24 months) ☐ Pre-Nursery (2-3 years)

Programme (check one): ☐ 8:30 - 12:30 ☐ 8:30 - 14:00

Home Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from home): \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Mother's Name: (Miss/Mrs/Ms) \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Father's Name: (Mr) \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Guardian's Name: (Miss/Mr/Mrs/Ms) \_\_\_\_\_

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

The child is living with (check one):

☐ Both Parents

☐ Father

☐ Mother

☐ Guardian

Please include the following documents along with your completed application:

- ☐ Health Form
- ☐ Photocopy of Child's Immunisation Record
- ☐ 2 Passport Photographs ("1×1")
- ☐ Photocopy of Child's Birth Certificate
- ☐ Photocopy of Child's Passport
- ☐ Photocopy of House Registration Document (For Thai nationality only)
- ☐ Photocopy of Parents' ID Card(s) or Passport(s)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH FORM

(Please complete this form in CAPITAL LETTERS)

Name: \_\_\_\_\_ Year: ☐ Toddler ☐ Pre-Nursery

Date of Birth: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

Brothers/ Sisters at Little Explorers Name: \_\_\_\_\_

Little Explorers opens our doors to children of all abilities as long as there are spaces available. We appreciate diversity amongst our community members, not only in our cultural backgrounds but also our strengths and challenges. We believe that inclusive and diverse learning environments are best at preparing our children for the real world. For this reason as well as for health and safety purposes, we ask that parents disclose all medical information in honest manners so that appropriate support can be taken into consideration when needed.

Little Explorers has developmental specialists on site who can provide additional support for your child's developmental challenges. Individualised services from these individuals are available upon request for additional fees. If you are interested in consulting with our Programme Director, Dr. Kwan Ross, regarding additional support or if your child has a condition which you prefer to discuss only with her, please make an appointment with her directly at [kwan@littleexplorersthailand.com](mailto:kwan@littleexplorersthailand.com)

Please list all known pre-existing medical condition, including developmental conditions (e.g. asthma, diabetes, allergies, nose bleeds, autism, global delay, etc.)

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Developmental Challenges:	Yes	No
Visual Challenges:	Yes	No
Hearing Challenges:	Yes	No
Language or Communication Challenges:	Yes	No
Coordination/ Motor/ Physical Challenges:	Yes	No
Behavioural Challenges:	Yes	No

Please list all treatment and/or intervention your child has been receiving for the above conditions:

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Has your child ever been recommended for, or evaluated for possible developmental or behavioural challenges?

☐ Yes      ☐ No

If yes, please include specific information in relation to such evaluations and provide any relevant reports:

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Does your child have any special physical, emotional, psychological, or developmental needs?

☐ Yes      ☐ No

If yes, please include details and provide any relevant reports:

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If any regular medication taken, please state: \_\_\_\_\_

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By signing below, I confirm that there are no other medical, developmental, or psychological challenges that affect my son/daughter, which are known to me at this time.

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_