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# Smart Kids Montessori School

(Al Bustan Branch)

## Registration Form

<b>Name of Student :</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
	_____	_____	_____
<b>Date of Application :</b> ___ / ___ / _____			
<b>Grade/Class :</b> _____			

Kindly prepare photocopies of all the required documents prior to attending your enrollment appointment.

Student's valid ID

Father's valid ID (Iqama, Diplomatic or Saudi ID)

Mother's valid ID (Iqama, Diplomatic or Saudi ID)

Vaccination record (All shots completed and stamped/signed by the Physician)

Latest School Report (if any)


*“Montessori is an education for independence, preparing not just for school, but for life”*

Maria Montessori

## Student's Personal Information

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Native Language: \_\_\_\_\_

Age by September (in years & months) :  
\_\_\_\_\_

Other languages: \_\_\_\_\_

## Father's Personal Information

Name: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home Phone : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Whatsapp number: \_\_\_\_\_

Email address : \_\_\_\_\_

Home address : \_\_\_\_\_

Job : \_\_\_\_\_

School Fees are paid by :

Myself

Employer

Name of Employer: \_\_\_\_\_

## Mother's Personal Information

Name: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Home Phone : \_\_\_\_\_

Work Phone : \_\_\_\_\_

Whatsapp number: \_\_\_\_\_

Job : \_\_\_\_\_

Email address : \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**Pick Up:** Please list names of anyone who will be picking up your child from preschool on a regular or on occasional basis:

(Name)	(Relationship to the child)
_____	_____
_____	_____
_____	_____

**Medical Information**

Please list any physical limitations or disabilities your child may have & what restrictions they may cause:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:** Please list ALL allergies and medications needed. If your child has a severe food allergy please let us know immediately. We will also have to schedule a meeting with the child’s parents/caregiver to discuss emergency procedures before the child is left in our care.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Child’s Doctor Information:**

Name : \_\_\_\_\_ Hospital : \_\_\_\_\_

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

Phone : \_\_\_\_\_

**Please provide us your child’s vaccination record from his/her doctor.**

**\*All shots need to be current and the vaccination record must be signed or stamped by your child’s physician before you child is left in our care.**

**Emergency Contacts:**

In the case of an emergency we will always try to contact a parent first. Please provide us with two names & contact information just in case we cannot reach a parent.

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Smart Kids Preschool program fees:

Age group	Annual Fees
0 – 18 Months	30,000 SAR
18 – 36 Months (Pre-KG)	36,000 SAR
3 – 6 Years (KG1,KG2,KG3)	36,000 SAR

➤ **Registration Fee: 3000 SAR (non-refundable and payable once).**

Please pay this registration fee when submitting this form. Registration is offered on a first-come/first-serve basis. Once capacity is reached you may be placed on our waiting list. School Fees could be paid at once or could be divided on the 3 academic terms and paid in advance before the beginning of each term.

**Note:** Joining any part of the term is considered a full term. Fees are not refundable.

➤ **After School Activities Program:**

From (2:00 pm – 6:00 pm) for students (1 month - 10 years).

Our activities include Book Club, Cooking, Art and Craft, Dancing, Reading Club, and Story-Telling. Baby Club (1 Day-3 years). The Fee is 3500 SAR per month.

➤ **Summer Camp Program (1 month - 10 years):**

The fee is 3500 SAR

➤ **Next Year Seat Reservation (deposit):**

A 2000 SAR is to be paid by the end of the school year reserving your kid's seat for next year (deductable from the next school year third term tuition fees but not refundable in case of cancellation by the parents).

Parent's Name: \_\_\_\_\_

Principal's Name: \_\_\_\_\_

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

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