Toddler Group: 18 Months to 3 years  Kindergarten Group: 3 to 6 years

|  |  |  |  |
| --- | --- | --- | --- |
| **Child** | | | |
| Last Name | First Name | Middle Name | Boy  Girl |
| Klicken oder tippen Sie, um ein Datum einzugeben.  Date of birth | | Nationality | |
| Home Address: Street and Nr. | Postal code | City | Home phone number |
| Prior schools attended | | Klicken oder tippen Sie, um ein Datum einzugeben.  Desired entry date | |
| Child’s main language | | Other languages spoken at home | |
| Names and ages of siblings | | | |
| Known learning difficulties or physical disabilities | | | |
| **Parent(s)** | | | |
| **Father’s** first and last name | | Daytime telephone | Mobile Phone |
| E-Mail: | | | |
| Nationality | | Home address (if different from the child’s) | |
| Employer’s Name | | Employer’s address | |
| **Mother’s** first and last name | | Daytime telephone | Mobile Phone |
| E-Mail: | | | |
| Nationality | | Home address (if different from the child’s) | |
| Employer’s Name | | Employers address | |
| Invoice billing address (if different from home address) | | | |

I hereby give my consent – revocable at any time – to the processing of my/our Child’s name/date of birth/address etc. for the purpose of their education whilst attending the Taunus International Montessori School. Your data will be held until it is no longer needed and then destroyed. You have the following rights with regards to your personal data: revocation, Information, correction and completion, deletion, and limitation. If you wish to exercise these rights, please contact the TIMS office. Our complete data protection policy can be found on our website.

We understand that neither we, the parents, nor TIMS are under any obligation as a result of this application and that admission to the school is defined by a) the School Contract, which must be signed by the child’s legal guardians, and b) the payment of the non-refundable Enrollment Fee of 1450,00€.

City and date: Signature of the child’s legal guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_