



APPLICATION FORM

Please print, fill in and sign.

NON-REFUNDABLE APPLICATION FEE OF 2000 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 instructors and pupils. Accordingly, and in consideration of the enrollment of our child or our engagement with the 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 preschool.

SIGNATURE: _____ DATE: _____

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

APPLICATION Received: _____ APPLICATION FEE Received: _____

The International Preschool of Warsaw

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