



**Kids Tinkering Studio Ltd**  
**Preschool Application Form**

Please complete this form accurately and submit it along with the required documents to apply for admission to Kids Tinkering Studio Ltd.

**Child Information:**

1. Child's Full Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Gender: Male / Female / Other
4. Age: \_\_\_\_\_ years
5. Home Address: \_\_\_\_\_  
City: \_\_\_\_\_

**Parent/Guardian Information:**

1. **Parent/Guardian 1** Full Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
2. Occupation \_\_\_\_\_
3. **Parent/Guardian 2** Full Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_
4. Occupation \_\_\_\_\_

**Emergency Contact:**

1. Emergency Contact Full Name: \_\_\_\_\_
2. Relationship to Child: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_

**Additional Information:**

1. Does your child have any allergies or medical conditions? If yes, please specify:

\_\_\_\_\_

2. Has your child attended preschool before? Yes / No. If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

3. How did you hear about our preschool? \_\_\_\_\_

4. Which Semester are you interested in Semester 1 Semester 2 Semester 3

**Educational Background:**

1. Has your child received any formal education or participated in any early childhood programs? Yes / No. If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

2. What are your expectations from our preschool program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration:**

I certify that the information provided in this application form is true and accurate to the best of my knowledge. I understand that providing false information may result in the rejection of my child's application.

Parent/Guardian Signature: \_\_\_\_\_

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

Email All Documents to: [admin@ktsstem.org](mailto:admin@ktsstem.org)