



Registration Form

Child's First Name: _____ Gender: Male/Female

Date of Birth: _____ (DD/MM/YYYY) Nationality: _____

Qatar ID: _____ Expiry Date: _____

Father's Name: _____ Mob: _____

Qatar ID: _____ Expiry Date: _____

Mother's Name: _____ Mob: _____

Qatar ID: _____ Expiry Date: _____

Email 1: _____ Email2: _____

Sponsor: Father Mother Sibling: Yes No (Any active students in A.Y 2021-2022)

Residence Address: _____

Father's Work Place: _____ Tel. _____

Mother's Work Place: _____ Tel. _____

Is the Child Left Handed? _____

I hereby convey my intention to take admission for my/our ward in **KG 1/ KG 2** in
The Springfield Kindergarten- Al Matar Branch/ The Springfield Kindergarten-
Wakra Branch.

Parent's/ Guardian Signature: _____ Date: _____