



GOVERNMENT OF BERMUDA

Ministry of Education

**APPLICATION FOR REGISTRATION INTO PRESCHOOL
FOR SEPTEMBER 2017**

CONDITIONS OF REGISTRATION

1. A child entering preschool must be the prescribed age; children must celebrate their fourth birthday between January 1st, 2017 and December 31st, 2017, inclusive.
2. The home address for the child must be the same as that of the first contact. Parents may be asked to provide proof of their home address.
3. Children must be a resident in the same parish as the preschool to which the application is made; this includes St. David's Preschool, St. George's Preschool, Victor Scott Preschool, St. Paul's Preschool, and Lagoon Park Preschool; however, the following exceptions apply:
 - **Lyceum Preschool** will accept applications from residents of Smith's Parish and Hamilton Parish.
 - **Devonshire Preschool** will accept applications from residents of Smith's Parish and Devonshire Parish.
 - **Prospect Preschool** will accept applications from residents of Devonshire Parish and Pembroke Parish.
 - **Warwick Preschool** will accept applications from residents of Southampton Parish who live to the east of the access roads to the Fairmont Southampton Hotel.
 - **Southampton Preschool** will accept applications from residents of Sandys Parish who live to the east of Scour Hill.
4. Priority in enrolment may be given to children who have had limited nursery experience; therefore children with limited experience in nursery schools may be admitted first.
5. Parents of children with mobility, vision, hearing, medical, social-emotional, developmental or any other special needs must contact the Assistant Director of Student Services at 278-3327 prior to submitting an application form in order to receive assistance in selecting the school most appropriate to the child's needs.
6. Parents of children not initially accepted at the preferred preschool may contact the Department of Education to request that the child be placed on the waiting list. As vacancies become available, students will be admitted according to the criteria cited above.

PROCEDURES FOR REGISTRATION

1. Complete the application form on the reverse of this document and provide a copy of the child's birth certificate, passport or a letter from the Department of Immigration.
2. If the child is non-Bermudian, attach documentation (including the child's re-entry permit) from the Department of Immigration confirming that the child is a bona fide resident of Bermuda.
3. Ensure that the form is complete. Unless all required information is provided at the time of application, the form will be deemed to be incomplete and will not be acted upon until all on-time, completed forms are processed.
4. Submit the completed application form and required document(s) to the preferred preschool **only** between **9:00 a.m. and 3:00 p.m. on Monday February 6th, Tuesday February 7th, or Wednesday February 8th, 2017**. The deadline for the receipt of the application form is 3:00 p.m. on Wednesday February 8th, 2017. Any application form received after the deadline will be deemed late.
5. Persons submitting an application after 3:00 p.m. on Wednesday February 8th, 2017, must deliver the form directly to the Department of Education, 14 Waller's Point Road, St. David's DD 03. Late or incomplete applications will not be considered until after March 24th, 2017.

PLEASE NOTE THAT THE SUBMISSION OF AN APPLICATION FORM AND THE REQUIRED DOCUMENTATION DOES NOT CONSTITUTE ACCEPTANCE INTO PRESCHOOL



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NAME OF GOVERNMENT PRESCHOOL: _____

PREVIOUS NURSERY: _____

PERSONAL INFORMATION

Child's Name: Last First Middle Other

Home Address: Number Street Parish Postal Code

Date of Birth: Day Month Year Male Female

Bermudian Non- Bermudian Nationality: _____

Proof: Birth Certificate Passport Immigration Documentation

If the child is non-Bermudian, or if the child was born outside of Bermuda to a Bermudian parent, attach documentation from the Department of Immigration confirming that the child is a bona fide resident of Bermuda.

Is English your child's first language? Yes No If no, state the first language
Does your child have any special (mobility, vision, hearing, medical, social-emotional, and developmental) needs? Yes No

PARENT / GUARDIAN INFORMATION

FIRST CONTACT: Relationship to Child:

Address:

Home Phone: Work Phone: Cellular:

Place of Employment: Email Address:

SECOND CONTACT: Relationship to Child:

Address:

Home Phone: Work Phone: Cellular:

Place of Employment: Email Address:

DECLARATION BY PARENT / GUARDIAN

- a. I understand that I am responsible for ensuring that my child attends preschool on a daily basis.
b. I understand that I am responsible for ensuring my child's transportation to and from preschool and that I am expected to ensure that s/he arrives and is collected on time.
c. My child is a bona fide resident of Bermuda.
d. I declare that this form has been completed correctly to the best of my knowledge.
e. I understand that if any information is found to be false, my child may be placed in another preschool.
f. I understand that my child may have to be admitted to another preschool which better suits his or her special needs, if any.
g. I understand that registration alone does not constitute admission.

Signature of Parent / Guardian: Date:

Signature of Interviewer: Date: