



Leapfrog Kindergarten Limited
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KINDERGARTEN APPLICATION FORM

Child's Details:

Surname _____ Given Name _____

Date of Birth _____

Languages spoken at home _____

Parent's Details:

Names _____

Home Address _____

E-mail (regular contact) _____

Other email _____

Telephone numbers:

Home _____

Parent/Guardian 1: Mobile _____ Work _____

Parent Guardian 2: Mobile _____ Work _____

Class applying for:

K1 Froglets

K2 Frogs

Signed _____

Name _____

Date _____