



KINDERWORLD
INTERNATIONAL
KINDERGARTEN
Since 1986

KINDERWORLD INTERNATIONAL KINDERGARTEN

ENQUIRY FORM

Name of Parent : _____ Nationality : _____

Address : _____

Email : _____ Home Phone : _____ Mobile : _____

| No. | Name of Children | Date of Birth | Current School | Language Spoken at Home |
|-----|------------------|---------------|----------------|-------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

I would like to enrol my child in the International Programme / Integrated Programme, Class _____ in KinderWorld International Kindergarten @ _____.

How do you know about KIK?

- | | | |
|---|--|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Banner, Signage at School | <input type="checkbox"/> Event, Conference, Exhibition |
| <input type="checkbox"/> School Bus Sticker | <input type="checkbox"/> Radio / TV | <input type="checkbox"/> PR Article in online newspaper |
| <input type="checkbox"/> Logo, banner in online newspaper | <input type="checkbox"/> Social Forum | <input type="checkbox"/> KinderWorld Website |
| <input type="checkbox"/> Others _____ | | |

Other Comments / Feedback:
