

YAS Center SL: A vibrant exciting place to learn!!

REGISTRATION FORM 2025/2026

New student registration fee	Start date
Term fees	Class of entry
Child's Name:	Age (as of Sept. 2025)
DOB (MM/DD/YY)	Sex: M F (circle)
Parent Information and Emergency	Contact:
Full Name of Parent(s)/Guardian(s)	
Address	
Phone I	Phone 2
WhatsApp contact	(For our parent group forum)
Email	Preferred mode of contact
Profession	Company/Organization
	ase note we will only allow your child to go home with the person/people
	es where this person is unable to come, please call the office first to contact number(s):
How did you hear about YAS Learning C	Center?
2. Name	Phone
Does your child have any particular hea	lth concerns or allergies that we should be aware of?
Signature of Parent/Guardian (Date)	

To register please bring a copy of: Completed application, photocopy of child's front page of passport or id, copy of up to date vaccinations, paid registration fees, health form.