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

REGISTRATION FORM 2026/2027

New student registration fee_____ **Start date_____**

Term fees _____ **Class of entry_____**

Child's Name: _____ Age (as of Sept. 2026)_____

DOB (MM/DD/YY)_____ Sex: M F (circle)

Parent Information and Emergency Contact:

Full Name of Parent(s)/Guardian(s) _____

*Address*_____

Phone 1 _____ *Phone 2*_____

WhatsApp contact _____ *(For our parent group forum)*

Email _____ *Preferred mode of contact*_____

*Profession*_____*Company/Organization*_____

Authorized person(s) for pick up* *(please note we will only allow your child to go home with the person/people listed in this section. For any emergencies where this person is unable to come, please call the office first to inform us). Name(s):* _____ *contact number(s):*

*How did you hear about YAS Learning Center?*_____

2. Name _____*Phone* _____

Does your child have any particular health 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.

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