



APPLICATION-REGISTRATION FORM

Associação Comunidade de Aprendizagem das Cerejeiras

Thank you for your interest in registering your child at Cerejeiras. Please complete the application below so we can begin to process your request. If you have any further questions about the school please feel free to email geral@cerejeiras.pt

Please complete one application form per child.

Date of Application / /

Starting Date: / / *(please nominate the date you would like your child to join the project)*

CHILD'S INFORMATION

Child's First Name: _____

Child's Family Name: _____

Child's Preferred Name: _____

Date of birth: _____

Place of birth: _____

Gender: Male Female

Language(s) spoken at home: _____

Other language(s): _____

Current School: *(if applicable)* _____

Current Year: *(if applicable)* _____

NIF - Portuguese fiscal ID number: *(for insurance purposes)* _____

Additional Information:

(Relevant details e.g. Learning Challenges, Speech and Language, Emotional/Behavioural, Vision, Mobility)

If available, please provide any Assessments, Individualised Learning Plans or other relevant documents.

Child's Interests/Hobbies

Health Information

Does your child have any allergies? Including food, drugs, plants, animals and insects.

Yes No If yes, please specify.

Does your child take any medication on a daily basis?

Yes No If yes, please specify.

Is your child vaccinated?

Yes No If yes, please attach vaccination certificate.

If no, please attach declaration of non-vaccination.

Please detail any additional health information that could help us understand your child's health needs.

Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

PARENT/GUARDIAN INFORMATION

Mother's Name: _____
Contact Phone: _____
Email: _____
Father's Name: _____
Contact Phone: _____
Email: _____
Additional Guardian Name: _____
Contact Phone: _____
Email: _____

Residential Address

Address 1

Name(s) Parents/Guardian at Address 1

Address 2 (if applicable)

Name(s) Parents/Guardians at Address 2

EMERGENCY CONTACTS

Contact 1: _____
Phone: _____
Relation to child: _____
Contact 2: _____
Phone: _____
Relation to child: _____

Person's authorised to collect child:

ADDITIONAL FAMILY DETAILS

Please detail any additional family information that might be relevant.

Do you give permission for your child's image to be used in communications related to Cerejeiras?

Yes No Please specify any details below

How did you hear about Cerejeiras Learning Community?

Why do you want to join Cerejeiras Learning Community?

DECLARATION OF ACCEPTANCE OF THE VISION, CONDITIONS AND RULES OF THE GUIDING PRINCIPLES

I, declare that I have read, understood and accept the vision, conditions and rules of the Internal Regulations of Cerejeiras Learning Community.

Parent/Guardian	For Cerejeiras
Signature:	Signature:
Name:	Name:
Date:	Date:

VOLUNTEERING

Family participation in Cerejeiras is important and takes many forms. All families are welcome to volunteer regularly or occasionally playing an active role in the community. Please list the interests of the parent(s) who would like to volunteer or select from the list below.

Interests/Skills: (e.g. musical instrument, teaching, art, craft, science, gardening, building, languages, storytelling, travel)

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Volunteer Opportunities: (Indicate 'yes' or tick if you would like to volunteer and/or have interest in this area)

Organic gardening, large scale planting, grounds work	
General maintenance e.g. putting up shelves, painting etc.	
Tidying the school grounds e.g. raking, sweeping, rubbish collecting	
Gardening with children	
Reading with children	
Visual Arts/Crafts/Sewing with children (please note specific details)	
Woodwork/Building/Construction with children	
Meditation/Yoga/Mindfulness with children	
Sports/Outdoor Activities with children	
Music/Drama with children (please note specific details e.g. instruments etc.)	
Preparing classroom materials e.g. cutting and laminating	
Translation of materials (English – Portuguese)	
Fundraising/Communications/Social Media	
School Trips e.g. transportation, accompanying children	

Note: All volunteers will be required to read and sign our volunteer contract and will be subject to security checks/ references.