



Application for Admission of a Child to the

Preschool/Daycare

FOR OFFICIAL USE ONLY

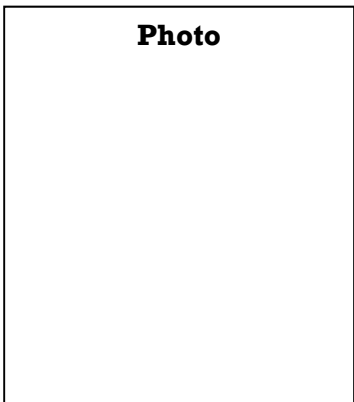
Name of Child: _____

Date of Birth: ____/____/____
Date Month Year

Sex: Male: _____ Female: _____

Religion: _____

Home Address: _____



Date of Full Immunization: ____/____/____
(See Details under Health) Date Month Year

Dates of Admission: ____/____/____
Date Month Year

I hereby make application for admission of _____
to the _____ **Preschool/Daycare**

Name of Applicant: _____

Contact Information

Tel: (C) _____ / (W) _____ / (H) _____

Email: _____

Relationship to child: _____

Information about the Child and Family

Name of Child: _____

Person with whom your child lives: _____

Address: _____

Number of Children in the Family: _____ (M) _____ (F)

Place of Child in the Family: _____

Name of Mother: _____

Address: _____

Tel: Numbers: (C) _____ / **(W)** _____ / **(H)** _____

Email: _____

Mother's Occupation: _____

Name of Father: _____

Address: _____

Tel: Numbers: (C) _____ / **(W)** _____ / **(H)** _____

Email: _____

Father's Occupation: _____

Names of people authorized to collect your child: _____

In case of an emergency please call:

1. Name of Person: _____

Tel: (C) _____ / **(W)** _____ / **(H)** _____

2. Name of Person: _____

Tel: (C) _____ / **(W)** _____ / **(H)** _____

Health Information

1. List any health problems, including allergies, of your child: _____

2. List any medication that your child takes: _____

3. List any foods that your child is unable to eat: _____

4. List any disabilities of your child: _____

5. Complete the table below for the immunizations that your child has received.

Immunizations	Yes	No	Remarks (If no, explain)
B.C.G/Polio HIB DPT HEP B (3 Doses)			
M.M.R (1 Dose)			
D P T/ Polio			
Other			

General Information

1. Please list some things that your child enjoys doing: _____

2. Please list any other information that you would like us to know to be better able to help your child: _____

I declare that the above information is true to the best of my knowledge.

I also agree to adhere to all the rules of this Preschool/Daycare and those of the Ministry of Education and Human Resource Development.

.....
Full Name

.....
Signature

.....
Date

Please find enclosed a registration fee of

Note: All application forms must be accompanied by a Birth Certificate and a Child Health Passport