



Recent  
Photo

## **Registration Form**

### **Child's Information**

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Child's Full Name

\_\_\_\_\_  
(Forename) (Middle Name) (Family Name)

Preferred Name Used \_\_\_\_\_

Gender [ M / F ]

Nationality \_\_\_\_\_

Date of Birth

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Day Month Year

### **Residential Address**

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City \_\_\_\_\_ Area \_\_\_\_\_

Street \_\_\_\_\_

Building / Compound \_\_\_\_\_ Floor / House # \_\_\_\_\_



### Parent / Guardian Information

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**Mother's Full Name** \_\_\_\_\_ [    ] Custodial Parent (If married, mark both parents)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_ [    ] Custodial Parent (If married, mark both parents)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

### Emergency Contact

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*\* In case of emergency and pick up, list contacts (other than parents)*

Full Name \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Full Name \_\_\_\_\_ Mobile: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### General Information

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Language used at home \_\_\_\_\_

Language used with child (specify if different than above) \_\_\_\_\_

\_\_\_\_\_

Has your child had any previous nursery/school experience? (Children's Center, Playgroup, Nursery, School etc.)

(If yes, please specify) \_\_\_\_\_

Has your child been toilet trained?      YES / NO

# Health History Form



## **Authorization Form**

### **PERMISSION DETAILS FOR:**

Student's Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

I hereby **\*give/do not give** permission for school nurse to administer the recommended dose of Paracetamol suspension to my child should he/she be in pain or have a high temperature whilst in their care. This also applies to medicine that has been prescribed by a doctor for my child.

I hereby **\*give/do not give** permission for photographs of my child to be taken and displayed in the school.

I hereby **\*give/do not give** permission for photographs of my child to be used for promotional purposes, which also include the school's website and social media platforms.

I hereby **\*give/do not give** permission for the school staff trained in First Aid to give emergency first aid treatment should it be required.

I hereby **\*give/do not give** permission to school personnel to seek emergency medical treatment, for my child, if I or my emergency contact person cannot be reached.

I hereby **\*give/do not give** permission to consume snacks prepped in the school by the child, under the supervision of staff.

**Parent's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **Pick Up Form**

Student's Full Name: \_\_\_\_\_

Date of Birth    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                 Day                                   Month                                   Year

Please list the names of the possible people (other than yourself) who have been granted permission by you to pick up your child.

	Full Name	Relationship to Child
1.		
2.		
3.		
4.		
5.		

**Note:** The contacts listed above will be asked to show their ID cards, upon arrival, prior to picking up your child.

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **OFFICE USE ONLY**

Passport or NIN Card of child (copy)  
2 recent passport sized photos  
Health History Form  
Registration Form  
Registration Fee  
Authorization Form  
Pick up Form