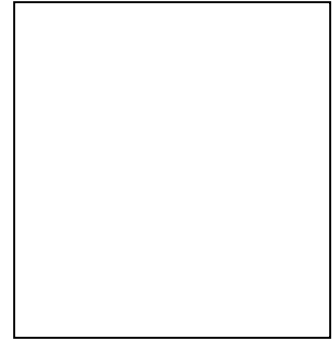




Springing Stars Montessori

Early Childhood Development Centre
0302229235 / 0244533359 / 0204533359

Registration Form



Name Of Child

Date Of Birth / / Age Male [....] Female [....]

Religion

PARENT / GUARDIAN HOME DETAILS

1. Name of Parent (s) Guardian(s)
.....

HOME ADDRESS

.....
.....

Home Phone:

Mobile Phone:

Work Number (s):

Place of Work:

OTHER COLLECTORS OF YOUR CHILD

2. Person's Name:

Relationship To Child:

Contact Number:

3. Person's Name:

Relationship To Child:

Contact Number:

Your Child Will Only Be Allowed To Leave The School With The Persons Mentioned In Sections 1, 2 & 3.

Emergency Contact

In The Event That Anything Should Happen To You, This Person Would Be Contacted To Look After Your Child.

Name: Relation To Child:

Address:

Contact Phone Number:

MEDICAL DETAILS

Please Make Sure You Read And Sign The Statement Below

I Consent To Any Emergency Medical Treatment Given To My Child During His/Her Time At School

I Give My Consent To The Above (Signature):

Your Child's Doctors Name:

Doctors Tel. No:

Specific Needs

Please Record Any Needs Which Your Child May Have (For Example Asthma, Any Allergies, Special Needs / Disability, Behavioural Difficulties, Special Dietary Requirements Etc.)

Additional Needs

Is There Anything Else We Should Know About You Or Your Child? (E.g. Anyone Who Shouldn't Have Contact With Your Child, Phobias, Background, Religion, Etc.)

General Consent

Do You Consent To Your Child Having His/Her Photo Taken E.g. For Publicity Of The School Or For Our Display Boards (This Includes the School Websites And Social Media Pages)

Yes [.....] No [.....]

Declaration

I Have Read And Understood All The Details Given To Me Regarding Springing Stars Montessori.

All Details Provided Are Accurate And I Have Not Withheld Any Information About My Child/ren.

Signature Of Parent / Guardian: **Date:**

Agreement

I agree that I will be responsible at any time for the full payment of tuition and other expenses of my child (ren). School fees per month is payable in advance or at the beginning of the month.

Our over heads will remain the same should a child fall sick or go on long holidays during the month. All fees must be paid or settled latest by the 5th day of each month. Late payment of fees will attract a penalty of 10%.

If there is any problem regarding the payment, the parents / guardian should make appointment with the headmistress / proprietress to make alternative arrangement. School fees paid are non – refundable in event of withdrawal. A month’s notice of withdrawal must be given otherwise a full monthly fees would be demanded.

By signing this agreement, I so indicate that I understand and agree to these basic principles of the school. Any information provided herewith remains strictly under confidence with school authorities.

Parent’s name..... Signature.....

Date: Proprietress.....

GENERAL

Two (2) Passport Size Pictures Of The Child

Immunization Record Book Of The Child.
(Photocopy)

School Bag

Extra Clothing (e.g. Dress / Panties)

1 Handkerchief (For Daily Use)

Wipes, Powder, Lotion Or Vaseline.

Milk, Cereal, Porridge Or Beverage (Baby zone)

Diapers Or Baby Nappies.

1 Small Towel, 1 Small Comb (For Daily Use).