

**KIDDYGRAM MONTESSORI**  
**NURSERY AND KIDERGARTEN SHOOOL**  
 NORTH DZORWULU, P.O.BOX 01225 OSU, ACCRA. TEL: +233 (0) 242541435, 0205771342.

# ADMISSION FORM

<b>FULL NAME OF CHILD</b>				
<b>PLACE AND COUNTRY OF BIRTH</b>				<b>RELIGION</b>
SEX				
<b>NATIONALITY</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>M</b>	<b>F</b>

ATTACH PHOTO  
HERE

<b>FATHER'S NAME</b>		<b>LANGUAGE(S) SPOKEN</b>
<b>MOTHER'S NAME</b>		<b>AT HOME</b>
<b>GUARDIAN</b>		

**RESIDENT ADDRESS**

<b>FATHER</b>		<b>GUARDIAN'S RELATION</b>
<b>MOTHER</b>		<b>TO CHILD</b>
<b>GUARDIAN</b>		
<b>E-MAIL</b>		

ARE PARENT (TICK)

WHO HAS CUSTODY OVER CHILD

<b>TOGETHER</b>	<input type="checkbox"/>	
<b>SEPERATED</b>	<input type="checkbox"/>	
<b>DIVORCED</b>	<input type="checkbox"/>	

WAS THE CHILD ADOPTED? (tick) YES  NO  DOES THE CHILD KNOW? YES  NO

**PERMANENT POSTAL ADDRESS (FATHER)**

<b>PERMANENT</b>		
<b>TELEPHONE NUMBER</b>	<b>RES:</b>	<b>OFFICE</b>
<b>E-MAIL</b>		

**PERMANENT POSTAL ADDRESS (MOTHER)**

<b>PERMANENT</b>		
<b>TELEPHONE NUMBER</b>	<b>RES:</b>	<b>OFFICE</b>
<b>E-MAIL</b>		

**WHAT IS YOUR JOB/OCCUPATION**

<b>FATHER</b>	
<b>MOTHER</b>	
<b>OTHERS</b>	

IS YOUR CHILD SIGHTED (TICK)

IS YOUR CHILD HEARING (TICK)

<b>GOOD</b>	<input type="checkbox"/>
<b>SATISFACTORY</b>	<input type="checkbox"/>
<b>POOR</b>	<input type="checkbox"/>

<b>GOOD</b>	<input type="checkbox"/>
<b>SATISFACTORY</b>	<input type="checkbox"/>
<b>POOR</b>	<input type="checkbox"/>

**HAS YOUR CHILD HAD ANY HEALTH AILMENT? PLEASE STATE IN WRITING BELOW:**

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DO YOU WANT YOUR CHILD TO PARTICIPATE IN RELIGION STUDIES? YES  NO

HAS YOUR CHILD GOT ALL THE REQUISITE VALID CERTIFICATE OF VACCINATION? YES  NO

THIS FORM MUST BE ACCOMPANIED WITH THE APPROPRIATE FEES  
 AND 2 PASSPORT PHOTOS ATTACHED AND 1 ENVELOPE .ADMISSION FEES  
 ARE NON- REFUNDABLE

MANY THANKS FOR CHOOSING KIDDYGRAM!

**SIGNATURE:** .....

**CHILD'S MEDICAL HISTORY**

<b>NAME OF CHILD'S MEDICAL DOCTOR:</b>
<b>DOCTOR'S ADDRESS:</b>
<b>DOCTOR'S TELEPHONE NUMBER:</b>
<b>ALLERGIES:</b>
<b>DOES YOUR CHILD HAVE A SPECIAL DIET?</b>
<b>IS THERE ANYTHING ELSE OF IMPORTANCE THAT YOU WISH TO LET US KNOW CONCERNING YOUR CHILD?</b>
<b>CHILD'S CLINIC:</b>
<b>IDENTITY NUMBER:</b>

**EMERGENCY TREATMENT**

<b>INCASE OF AN EMERGENCY (YOUR SON / DAUGHTER)</b>
<b>NAME OF CHILD:</b>
Need urgent treatment and you cannot be reach for permission, do you grant the Headmistress or Nursery teacher in charge, the authority to give this permission on your behalf?

EVERY ATTEMPT WILL BE MADE TO CONTACT YOU FIRST

*Please complete as appropriate*

I/We ..... grant the Headmistress or Nursery teacher in charge the permission, to authorize emergency treatment to
Signature:
Date:
Relationship:

**RECORD OF VACCINATION IMMUNISATION (PLEASE TICK OR COMMENT).**

A PHOTOCOPY OF CHILD'S HEALTH CERTIFICATE

<b>DITHERIA</b>	<b>YES</b>	<b>NO</b>
<b>TETANUS</b>	<b>YES</b>	<b>NO</b>
<b>WHOOPING COUGH</b>	<b>YES</b>	<b>NO</b>
<b>POLIO</b>	<b>YES</b>	<b>NO</b>
<b>MEASLES</b>	<b>YES</b>	<b>NO</b>
<b>SMALL POX</b>	<b>YES</b>	<b>NO</b>

**Please tick if your child has had:**

<b>CHICKEN POX</b>	<b>YES</b>	<b>NO</b>
<b>MEASLES</b>	<b>YES</b>	<b>NO</b>
<b>WHOOPING COUGH</b>	<b>YES</b>	<b>NO</b>
<b>GERMAN MEASLES</b>	<b>YES</b>	<b>NO</b>
<b>POLIO</b>	<b>YES</b>	<b>NO</b>
<b>SCARLET FEVER</b>	<b>YES</b>	<b>NO</b>
<b>DIPHThERIA</b>	<b>YES</b>	<b>NO</b>

**PARENT COMMITMENT PLEDGE**

I WISH TO APPLY FOR THE ADMISSION OF MY SON / DAUGHTER
<b>NAME OF CHILD:</b>
TO KIDDYGRAM MONTESSORI SCHOOL

I ..... PLEDGE TO GUARANTEE THE CONCERTED AND PUNCTILOUS EFFORT ON THE PART OF MY WARD TO COMPLETE EVERY ASSIGNMENT GIVEN BY THE CLASS TEACHER AND ALSO PROMISE TO ATTEND ALL PARENT TEACHER CONFERENCES ELSE PAY GH¢100.

**Signature:** .....

**Date:**.....

I ENCLOSED REGISTRATION FEES, WHICH I UNDERSTAND IS NON-REFUNDABLE.
I UNDERSTAND AND THAT ALL FEES ARE PAYABLE IN ADVANCE AND THAT A TERM NOTICE IN WRITING IS REQUIRED TO TERMINATE ANY CHILD'S REGISTRATION AT THE NURSERY, OTHER WISE I SHALL BE LIABLE FOR A TERM'S FEE.

I HAVE RECEIVE, READ AND UNDERSTOOD THE LIST OF REGULATIONS OF KIDDYGRAM MONTESSORI SCHOOL AND I AGREE TO COMPLY WITH THEM FULLY.

<b>NAME</b> .....	<b>SIGNATURE</b> .....
DATE .....	
PLEASE READ OUR TERMS AND CONDITIONS AND RETURN A SIGNED COPY WITH THIS REGISTRATION FORM. IF YOU NEED ANY FURTHER EXPLANATION PLEASE DO NOT HESITATE TO CONTACT US.	
HOW DID YOU HEAR OF US?	
NAME OF BROTHER / SISTER OR RELATION OF THE CHILD ALREADY ATTENDING	
THE SCHOOL:	
NAME OF PREVIOUS SCHOOL ATTENDED (IF ANY)	