



REGISTRATION FORM



PLEASE PRINT IN BLOCK LETTERS

CHILD INFORMATION:		
Child's surname:	First Name (s):	
Preferred name (if applicable):		Male/Female:
Date of Birth:	Number of Siblings:	
PARENT / GUARDIAN INFORMATION:		
Surname:	First Name (s):	Title: Mrs/Miss/Ms/Dr/Prof/Ing. Date of Birth:...../...../.....
Full Address:		
Digital Address:	Telephone No:	Mobile No:
Relationship to child:		
e-mail address:		
PARENT / GUARDIAN INFORMATION:		
Surname:	First Name (s):	Title: Mrs/Miss/Ms/Dr/Prof/Ing. Date of Birth:/...../.....
Full Address:		
Digital Address:	Telephone No:	Mobile No:
Relationship to child:		
e-mail address:		

WORKPLACE OF PARENTS / GUARDIAN DURING THE DAY

(Please include the telephone number and put the time if part-time.)

Name: Company name Address:	Telephone No: Extension No:
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Working hours if during the school day:	
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Name: Company name Address:	Telephone No: Extension No:
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Working hours if during the school day:	
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EMERGENCY CONTACTS:

(Please provide the details of someone who can be contacted if neither parent is available.)

Emergency Contact (Name):	Telephone No: Mobile No:
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Address:	Relationship to child: Relation/Friend/Neighbour
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Emergency Contact (Name):	Telephone No: Mobile No:
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Address:	Relationship to child: Relation/Friend/Neighbour
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Named Person(s) who may collect the child?

Name..... Relationship:
Name..... Relationship:
Name..... Relationship:

Password for those who can collect. *(We will not allow your child to leave the nursery with anyone who cannot give us the password)*

Regular collection time: 3:30pm <input type="checkbox"/>	Late Collection time: 8:30pm <input type="checkbox"/>
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A parent with whom the child does not live who wishes to have contact with the school:
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Name:

Address:

Telephone No:	Mobile No:
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Email:

MEDICAL INFORMATION: (In case of emergency)

Name of Doctor:	Telephone No.
Blood Group:	Sickling:
Does your child have any medical condition? e.g. asthma, eczema, allergies	
Does your child need to take any medication?	
Does your child have any special needs? e.g. hearing/visual impairment	
Has/is your child seen/is seeing any of the following professionals? (YES/NO)	
Speech & Language Therapist:	Educational Psychologist:
Occupational Therapist:	Paediatrician:
Family Support Worker:	Physiotherapist:
Other:	

If you answered Yes to any of the above, please provide more information below:

Immunization Details				
AGE	IMMUNIZATION	RESPONSES		IF YES, PROVIDE DATE
		YES	NO	
	Tuberculosis			
	Diphtheria			
	Tetanus			
	Whooping cough			
	Polio			
	Measles			

EMERGENCY TREATMENT CONSENT

I hereby agree to the Management and staff of **Highcrest School** to administer any emergency treatment necessary for my child. This could also include contacting the emergency services, should the situation prevail, or transport to emergency care if we feel this would be the best option for your child. Please advise of any cultural or religious beliefs, should we need to contact the emergency services.

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Signed by Parent: **Date:**

PHOTOGRAPHS/ VIDEOS

I hereby agree that during the care of my child, the Management of **Highcrest School** or their nominee may take photographs / record videos of my child, which may be used to promote the School. The photographs/ videos will be used for the purpose of advertising in a local paper, on the School's website, social media sites, our Interactive learning diary application and sites internal and external displays. They may also be used as evidence for staff training and for evidence required by any authorised Government agency or to complete course work. No other use will be granted.

Signed by Parent:..... **Date:**.....

Does your child have any sibling (s) who is/are already attending Highcrest School? Yes / No

If yes, please provide details below:

Name:	Date of Birth:	Class:
Name:	Date of Birth:	Class:
Name:	Date of Birth:	Class:
Name:	Date of Birth:	Class:

Language(s) spoken at home:

Religion:

I hereby give permission for my child to have sweets & biscuits on special occasions **YES / NO**
I hereby give permission for plasters to be applied to my child if necessary **YES/NO**
Do you give permission for your child to have face paint on occasions **YES/NO**

How did you hear about us?
.....
.....
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PARENTAL DECLARATION

I/We confirm that the information provided in this Registration Form is true to the best of my knowledge and belief. I/We understand that if a place is offered on the basis of any false information provided, the offer of a place can be withdrawn at any time by **Highcrest School**.

I/We confirm that a non-refundable **Registration Fee of One Hundred (100) Ghana Cedis Only** is required to be paid upon submission of Registration Form.

I/we agree to pay school fees on the 1st of the month and that a month's notice in writing is required to terminate any child`s registration at the school, otherwise I shall be liable for a month`s fee.

I/We have read and understand the terms and conditions for the school and will adhere to this at the point of which a place has been offered.

1. Parent/Guardian Signature

Full Name (please print)

Date of Signature

2. Parent/Guardian Signature

Full Name (please print)

Date of Signature

FOR OFFICE USE ONLY

Birth Certificate seen	Yes	No	Earliest Start Date
National ID Card	Yes	No	National ID Number
Babies Class			Date Admitted
Toddlers Class			Date Deposit taken
Pre-Schoolers Class			
Primary			