



STUDENT REGISTRATION FORM

Child Information

First Names:

DOB:

Last Name:

Birth Reg #:

Gender:

Photo of Child (Passport Size)

Contact Information

Primary Contact # : _____ Relationship To Child: _____

Secondary Contact # : _____ Relationship To Child: _____

Email Address

Home Address

Guardian Information

Mothers Name/Primary Guardian Name:

ID Number

Home Address

Occupation

Employer

Phone Number

Fathers Name/Secondary Guardian Name:

ID Number

Home Address

Occupation

Employer

Phone Number

Departure Consent

I, _____ as legal guardian/parent hereby authorize the following persons to pick up my Child from the school.

Personnel 1

Personnel 2

Indemnity/Consent Section

The applicant is required to read and understand all the following sections that may concern the wellbeing and relationship between their child and the school. A signature is required as proof of agreement to all the terms and conditions stated in the sections below.

A. Medical Consent

Communicable Diseases

Allergies/Special Diets

Medications

List any ongoing chronic medications that might impact the child's wellbeing while at the preschool

Medical Conditions/Limitations to Physical Activity

Please list any existing medical conditions that that may impact the child's health and well-being in the preschool & may restrict the child's physical activity in the preschool

Special Equipment

Please list any orthodontic devices/prosthesis, glasses etc

The parent/guardian is required that he/she agrees that request that the administration of the above noted medication be provided. He/she understands that the service will be provided by a person with no medical or nursing training. All training will be parent's responsibility. You agree to provide Toddlers College with an updated medical statement if there is any change in the physicians instructions with respect to medication. You hereby release Toddlers College, its employees and contractors from all manner of actions, causes of actions, lawsuits, damage or injuries, however caused, arising out of the administration or failure to administer medication as provided herein.

B. Photography Consent

The parent/guardian is hereby required to give his/her permission to the staff of Toddlers College to photograph their child. He/she is required to understand that these photographs may be posted in the academy or on Toddlers Academy's website or social media where they may be viewed by individuals other than preschool participants. He/she must acknowledge further that parents of other preschool learners might take pictures of their own children that might include their child.

C. Physical Activity & Outings

Toddlers College endeavour to adhere to the highest standard of care while looking after your child. However, Toddlers College cannot be held liable for any injury or loss of any nature suffered, which occurred due to events beyond its reasonable control. Toddlers College cannot be held liable for the actions of third parties not associated with **Toddlers College** or natural disasters. This indemnity **does not** include the negligence of **Toddlers College**, its agents or employees. Outings to places of interest may be undertaken during the year. No child will be allowed to accompany the group without a written indemnity signed by the legal guardian. The parent/guardian of said applicant, is hereby required to grant permission for the child to participate in all school activities, which form part of the daily routine. He/she is also required to grant permission for the child to use all of the play equipment and participate in all of the activities of the school, and to leave the school premises under the supervision of a staff member for scheduled field trips.

D. Fees Payments

Our school fees structure as provided on a separate invoice will be due by month end payable in advance i.e. next month's fees should be paid before the end of the month. A grace period of up to the first Friday of the following month is available, after that the child will no longer be allowed to attend classes. The parent/ guardian is hereby required to understand how the school fees structure works and commit to adhere to our agreement of payment as stipulated above.

Agreement Signature

By signing this document, I agree that I have well acquainted myself with the terms above along with the school rules and regulations (provided on a separate document).

Signature:

Date: