



# CHILD REGISTRATION FORM

7 Ajiku Circular Lane, Spintex, Behind Zenith Bank  
 Digital Address: GZ-144-2492 Kwaku Sueye Street, Spintex  
 +233 244307482, +233 207493211  
 email: daffodilscrech@gmail.com  
 www.daffodilsnurseryandgrammar.com

## AUTHORIZATION FORM FOR PICK UP

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_



## MEDICAL INFORMATION (TO BE COMPLETED BY PARENT)

Kindly let us know if your child has any ailments, allergies or medical condition(s):

\_\_\_\_\_  
 \_\_\_\_\_

In case of emergency please contact

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH RECORD AGE

AGE	IMMUNIZATION	DATE
At birth	B.C.G.	
2 months	D.T.P, Polio, H.I.B.	
3 - 4 months	D.T.P, Polio, H.I.B.	
4 - 6 months	D.T.P, Polio, H.I.B., Measles	
9 months and 10 yrs	Yellow Fever	
12 - 18 months	M.M.R	
16 - 18 months	D.T.P, Polio	
4 - 6 years	D.T.P, Polio, M.M.R	

\*\*We will need a photocopy of (Birth Certificate and Vaccination Records)as proof.

## FOR OFFICE USE ONLY

**SUBMITTED**

1. Copy Of Birth Certificate  
 2. Immunization Form Copies  
 3. Two Passport Size Photographs

ADMISSION FEE RECEIPT NOS. \_\_\_\_\_

ADMITTED INTO CLASS \_\_\_\_\_

DATE OF ADMISSION \_\_\_\_\_

Signature of Principal \_\_\_\_\_

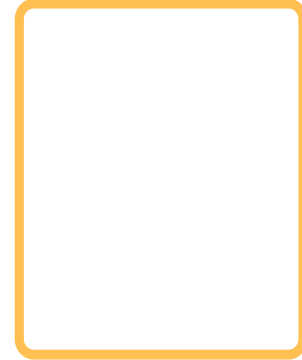
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## CHILD'S INFORMATION

Surname: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Other Names: \_\_\_\_\_



Date of Birth: \_\_\_\_\_ Sex: Male  Female

Home Address of Child: \_\_\_\_\_

Please list your child's strengths, interests and talents:

\_\_\_\_\_

Nationality \_\_\_\_\_

Primary Language: \_\_\_\_\_

Other Language(s) Spoken: \_\_\_\_\_

Please share any additional information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school.

Are there any assesments , reports or documentation regarding this child that we should know about ?

Yes  No  If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

PREVIOUS SCHOOL ATTENDED

PREVIOUS REPORT

DO YOU HAVE SIBLINGS YES  NO  NO OF SIBLINGS: \_\_\_\_\_

Why Daffodils ? \_\_\_\_\_

\_\_\_\_\_

How did you hear about us (FRIEND  RELATIVE  OTHER \_\_\_\_\_)

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## PARENT(S) / GUARDIAN(S) INFORMATION

**Father's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Guardian's Name** (If Different from above): \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Marital Status of Parents:

Custody Agreement if Parents are Not Married: \_\_\_\_\_

If Domestic Partnership, who has legal status for the child \_\_\_\_\_

Pupil lives with: Both Parents  Mother  Father

Other (please specify) \_\_\_\_\_

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## AGREEMENT

1. Daffodils agree to notify the parents(s)/guardians(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by centre.
2. The parent(s)/ guardian(s) authorize the school to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be reached immediately.  
\*\* If there is an objection in seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.
3. As a Christian school, the Christian values and ethos runs through everything we do and are central to our policies and practices. We expect all parents and children to abide by the school's values and policies.

Signatures: Parent(s) or Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

## IDENTITY VERIFICATION

Our passion is working with children in a nurtured environment that provides a vibrant, enriching and unique learning experience that develops in them a life-long love of learning. Daffodils Nursery and Grammar School strives to enrich the child's learning experience by giving its children, the freedom to learn as individuals, as well as working together as a community. Our solid Montessori educational foundation allows children the liberty to indulge in their interests and grow into respectful, responsible and confident individuals.

## ADMISSION PROCESS

### 1. PARENT VISIT AND OBSERVATION

Parents must tour the school, observe a classroom in session, and meet with the Director of Admission and/or Head of the School. This allows prospective parents and the school representative to become acquainted with each other and to share pertinent information ensuring a good match between the family and the school

### 2. APPLICATION

Parents are encouraged to submit a completed application form accompanied by **GHC3,500.00** non-refundable admission fees as promptly as possible after the classroom observation

Children currently enrolled in school must submit a teacher recommendation form and release of records form.

All children will be informally assessed by a Montessori teacher as part of the admission process

