Hopscotch
Creche and Pre-School

11 Tinubu Road, Palm-Grove Estate, Ilupeju, Lagos

Registration Form
(Please attach 1 passport photo)

REGISTRATION FORM

CHILD'S PERSONAL INFORMATION	MEDICAL INFORMATION
Name:	**Allergies:**
Date of Birth: **Age:**	**Breathing challenge/difficulty?**
Home Address:	**Genotype:** **Blood Group:**
Has the child previously been in school? Yes or No	**Immunization:**
If yes, state the name of the school and previous class	**Any other medical information**

PARENTS' CONTACT INFORMATION

Father

Name	
Employer's Address:	
Tel. No (Landline/Work):	**Tel. No (Personal Mobile):**
Email:	

Mother

Name	
Employer's Address:	
Tel. No (Landline/Work):	**Tel. No (Personal Mobile):**
Email:	

EMERGENCY CONTACT (A CONTACT OTHER THAN THE PARENT)

Name	**Tel. No(s):**
Relationship to Child:	

STUDENT'S MEDICAL CONTACT

Name of Doctor:	
Address of Clinic/Hospital:	
Tel. No (Doctor):	**Tel. No (Clinic):**

** **Hopscotch does not employ a full-time nurse, but the school has an arrangement with Grace Medical Center, Ilupeju**

I confirm that the information that has been provided above is true and accurate and that it is my responsibility to ensure that the information is current.

Signature of Parent/Legal Guardian: **Name of Parent/Legal Guardian:**	**Date:**

I confirm that my child is permitted to join the school swim squad which I understand it is open to all abilities of swimmers. I undertake to provide appropriate swimwear (one piece suit for girls and a pair of shorts for boys) a towel and armbands for each coaching session.

Signature ..... Date: .....

NB: An extra set of clothes must be provided on Soccer and Swimming days, please