TOPKIDS HOME REGISTRATION FORM

CRÈCHE, DAYCARE, PRE-NURSERY, NURSERY AND PRIMARY SCHOOL
NO 22 ABALUKU STREET, ACHARA LAYOUT, ENUGU
08035577805

AFFIX

PASSPORT

Be sure to:

1. ***Provide all requested information.***
2. ***Must be signed by parent or legal guardian.***

Name:

_____

Surname First Name Middle Name

Date of Birth: _____ _____ _____

Day Month Year

Place of birth: _____

Gender: Male ☐ Female ☐

Religion: _____

Nationality: _____ State of Origin: _____ L.G.A:_____

Class for which pupil is seeking admission (Please Tick)

Crèche ☐ Daycare ☐ Pre-Nursery ☐ Nursery 1 ☐ Nursery 2 ☐

Nursery 3 ☐ Primary ☐

Position of child in the family ☐

Any physical defect of child? _____

Any other thing we should know about the child? _____

_____

Name of father/Guardian: _____

Occupation: _____

Residential Address: _____

Phone Number: _____

Email Address: _____

Marital Status: Single ☐ Married ☐ Separated ☐

Name of Mother: _____

Occupation: _____

Residential Address: _____

Phone Number: _____

Email Address: _____

Extracurricular activities you might want child to participate (please tick)

Swimming ☐ Drama ☐ Dancing ☐ Music ☐

CHILD HEALTH INFORMATION

Inoculations received tick and Produce Document

BCG ☐ Polio ☐ Anti-tetanus ☐ Measles ☐

Child's Genotype ☐ Blood Group ☐

Does your child suffer from (Tick as applicable)

Defective Hearing ☐ Defective Eyesight ☐ Allergies ☐ State Clearly

Sickle Cell anemia ☐ Convulsion ☐

Others Please State:

Parents Name: _____

Signature/Date: _____

Signature of Parent/Legal Guardian

I am applying for placement of my child at ***Topkids home*** *indicated here. I understand that The information provided on this application will be Checked for accuracy and that false information will Disqualify the applicant.*

OFFICIAL USE ONLY

Registration Number:

Registration Fee Paid: ₦ _____ Date _____

Place Offered