



Road M2, Oba-Ile Housing Estate, Ondo State
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Enrolment Form

Child's Information

Last Name: _____ First Name: _____ Middle: _____

Name by which the child is known: _____

Age of Child: _____ Sex: Male ☐ Female ☐

Date of Birth (dd/mm/yyyy): _____ Place of Birth: _____

Nationality of child: _____

(If child is a foreign national, please provide copy of child's International Passport)

If Nigerian, State of Origin: _____ Religion: _____

Residential Address of child: _____

Parent Information

Father's Name: _____

Mother's Name: _____

Nationality: _____

Nationality: _____

Residential Address: _____

Residential Address: _____

Business Name & Address: _____

Business Name & Address: _____

Telephone #s: _____

Telephone #s: _____

Email address: _____

Email address: _____

BBM Pin (optional): _____

BBM Pin (optional): _____

Marital Status of Parents: Married ☐ Separated ☐ Divorced ☐ Widowed

Others ☐ (Specify) _____

(If divorced or separated please provide legal document stating custody arrangement for child)

Who will pay school fees and other expenses? _____

School Attended during the last year (where applicable): _____

Proposed month of resumption: _____

Does the child have siblings at Springboard Crèche & Playgroup? Yes ☐ No ☐

If yes, please indicate name and class of siblings below:

Name: _____ Name: _____

Class: _____ Class: _____

Emergency Contact in the event that parents cannot be reached

1. Name: _____

Address: _____

Cellphone #: _____ Business # _____

2. Doctor's name: _____

Name and Address of Hospital: _____

Telephone #: _____ Hospital _____

Hospital Card #: _____

Note: A non-refundable registration fee will be charged for each application, due to be paid at the time of picking up the form. All applications must be accompanied by a copy of the child's birth certificate and two recent passport photos.

Please note that school fees and other levies once paid are not refundable.

Attestation: I have read and accept the conditions of enrolment as stated above:

Name:

Signature:

Date: