



Date Submission Fee:	
Date Registration Fee:	

Ref Nr:	
Date Rcvd:	
Date Started:	
Date Left:	

THE CHILDREN'S HOUSE REGISTRATION FORM

FAMILY NAME OF CHILD _____ FIRST NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NATIONALITY _____ NUMBER OF BROTHERS/SISTERS _____

CHILD'S NATIONAL IDENTITY NUMBER _____

CHILD'S MOTHER TONGUE _____ OTHER LANGUAGES SPOKEN _____

FATHERS NAME _____ OCCUPATION _____

MOTHERS NAME _____ OCCUPATION _____

HOME ADDRESS _____

HOME PHONE NUMBER _____ FATHERS OFFICE _____

MOTHERS OFFICE _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL PROBLEMS THAT WE SHOULD KNOW ABOUT? IF YES PLEASE DESCRIBE. _____

IN CASE OF EMERGENCY WHO WOULD YOU LIKE US TO CONTACT IMMEDIATELY

(Please include telephone numbers)? _____

HAS YOUR CHILD BEEN REGULARY VACCINATED? _____

HAS YOUR CHILD ATTENDED ANY DAYCARE OR PRESCHOOLS BEFORE, IF YES PLEASE STATE WHERE AND FOR HOW LONG HE/SHE ATTENDED _____

DO YOU AS PARENTS HAVE ANY SPECIFIC SKILLS THAT COULD BE USED IN THE SCHOOL, AS A CONTRIBUTION FOR EXAMPLE, CARPENTRY, ELECTRICS, PRINTING, CREATIVE WORK SUCH AS SEWING, PAINTING, WEAVING ETC.?

WHAT DO YOU BELIEVE IS THE MOST IMPORTANT ASPECT OF YOUR CHILD'S EDUCATION, INTELLECTUAL, SOCIAL, PHYSICAL, EMOTIONAL, OR SPIRITUAL DEVELOPMENT? _____

WHAT TIME DOES YOUR CHILD USUALLY GO TO BED? _____

HOW MUCH TELEVISION/VIDEOS DOES YOUR CHILD WATCH? _____

HOW MUCH INTERACTION DOES YOUR CHILD HAVE WITH OTHER CHILDREN?

I HAVE READ THE SCHOOL HANDBOOK AND AGREE TO SUPPORT THE POLICIES OF THE SCHOOL, AND BE AN ACTIVE MEMBER OF THE ESTABLISHMENT IN SUPPORT OF MY CHILD'S EDUCATION

SIGNED _____ DATE _____

DATE REGISTRATION FEE PAID _____

DUE DATE TO START SCHOOL _____