

CHH\_Registration\_003\_23



Ref. Number;	
Date Registered	
Date Registration Fee:	
Registration Invoice;	
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 MOBILE \_\_\_\_\_

MOTHERS MOBILE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

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.?

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

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WHAT TIME DOES YOUR CHILD USUALLY GO TO BED? \_\_\_\_\_

HOW MUCH TELEVISION/VIDEOS DOES YOUR CHILD WATCH? \_\_\_\_\_

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HOW MUCH INTERACTION DOES YOUR CHILD HAVE WITH OTHER CHILDREN?

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I GIVE PERMISSION FOR MY CHILD'S PHOTOS TO BE POSTED ON FACEBOOK AND THE SCHOOL WEBSITE \_\_\_\_\_

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 \_\_\_\_\_

TITLE/RELATIONSHIP TO CHILD

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Office Administration

DATE NON-REFUNDABLE REGISTRATION FEE PAID \_\_\_\_\_

CASH/CHEQUE/TRANSFER

AMOUNT \_\_\_\_\_ CHEQUE NUMBER IF APPLICABLE

RECEIPT NUMBER \_\_\_\_\_

CONTACT AND FOLLOW UP DATES

Signed;

Head Teacher