



FIRM FOUNDATION CHRISTIAN ACADEMY

Preparing students for success in a changing world

3037 CROWHILL VIEWS, BORROWDALE, HARARE

CONTACT: +263 77 643 4036/ +263 77 220 1431

APPLICATION/REGISTRATION FORM

DETAILS OF CHILD

SURNAME..... FIRST NAMES.....

DATE OF BIRTH.....

RESIDENTIAL ADDRESS

.....
.....

DETAILS OF PARENT/GUARDIAN

SURNAME..... FIRST
NAMES.....

HOME PHONE..... CELL.....

RELATIONSHIP TO CHILD PARENT () GUARDIAN () (Tick applicable)

NEXT OF KIN

.....

CELL.....

MEDICAL DETAILS

NAME OF DOCTOR.....

MEDICAL
AID.....

MEDICAL AID NUMBER.....

ALLERGIES IF KNOWN YES () NO () (Tick applicable)

IF YES, GIVE DETAILS

.....
.....
.....



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INDEMNITY FORM

I, the undersigned,

..... (Full names)

Being the legal father/mother/ legal guardian of

..... (Full names)

Hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Firm Foundation Christian Academy.

1. I hereby waive all claims I may have against Firm Foundation Christian Academy, its owners arising from injury, accident, illness or any other cause involving the above mentioned child, and hereby indemnify the School against all such claims.
2. I hereby authorize Firm Foundation Christian Academy to take all steps, which in its absolute discretion many deem necessary, to have the said child admitted to a hospital and be treated by a doctor or medical attendant. I further understand that I shall be held responsible for the payment of all medical and/or hospital bills/accounts arising from the treatment.
3. I hereby give my permission for the transportation of the said child in the School/teacher's vehicle for the above mentioned purposes.

Signature of Parent/legal guardian

Date

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