**Busy Bees Addis Early**

**Learning Center**

**Where imagination and joyful learning blossoms!**

**School Registration Form**

**Name of Student:**

**Date of Birth:**

**Nationality:**

**Previous school name-**

**Father’s Name:**

**Occupation:**

**Phone #**

**Email:**

**Registration date:**

**Mother’s Name:**

**Occupation:**

**Phone #**

**Email:**

**Emergency Contact (other than parent)**

**Name-**

**Phone #**

**Relationship-**

**Allergies /Medical condition or other concerns**

**Is there anything you would like us to know about your child?**

**If I AM NOT AVAILABLE, AND A MEDICAL EMERGENCY ARISES, THE SUPERVISING TEACHER HAS MY PERMISSION TO SEEK MEDICAL HELP AT.**

**NAME OF HOSPITAL:-**

**I give permission to take my child’s picture for classroom projects and/ or school website**

* **Yes**

* **No**

**My child will be coming to school**

* **Full day**
* **Half day**
* **Per day**

**Parents Signature-**

**Date-**

**Payment Procedure**

**GOLDEN ROOTS EDUCATION AND TRADING PLC**

**COMMERCIAL BANK**

**1000557603558**

**AWASH BANK**

**013251177623900**

**UNITED BANK**

**4241812882275015**

**Once payment is issued, it is not refundable.**