



REGISTRATION AND AGREEMENT FORM

(Please enclose 4 passport size photographs & one 4" by 6" photo of your child)

Child's Name.....Child's Surname.....

Date of Birth.....

Address.....

Home Tel No.....

Child's Nationality..... Child's religion.....

Who has parental responsibility?

Who does the child reside with?.....

Guardian's contact (if applicable).....

Parents' details

Mother's name..... Surname.....

Mother's Nationality..... Mother's profession.....

Mother's mobile..... Mother's work No.....

Mother's company name: Mother's office location

Father's name.....Surname.....

Father's nationality..... Father's profession.....

Father's mobile..... Father's work No.....

Father's Email..... Mother's Email.....

Father's company name: Father's office location.....

Name of person(s) authorised to collect your child:

Name..... Home/Work Tel No..... Mobile No.....

Name..... Home/Work Tel No..... Mobile No.....

Others.....

Father's company name.....

Father's office address and Physical location:

Alternative person(s) to contact in case of emergency:

Name..... Surname.....

Tel No..... Mobile No.....

Family Doctor's name.....

Address..... Tel No.....

Known allergies.....

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In case of allergies: precaution.....

In case of an emergency injury

I give Kidz Kollege permission to treat my child with antiseptic cream, bandage and for any minor injuries, should they occur when the occasion arises.

Please Sign

Yes..... No.....

Please provide any relevant and useful information about your child's health, that the school needs to know, on a separate sheet of paper.

Name and Phone number of parent/person responsible for payment of the fees:

Name.....

Address.....

Tel No.....

I hereby declare that the above information is true and correct to the best of my knowledge.

Parents name.....

Parents sign.....