



**Dar Es Salaam  
Montessori and Respite Care**

**Admission in;**

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Toddler Classroom: 1.5 - 2.5 Years

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Primary Classroom: 3 - 6 Years

Attach a recent  
passport size photo

### Students Registration Form

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Mothers Name/Home Address/Telephone Number:**

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**Fathers Name/Home Address/Telephone Number:**

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Child's Living arrangements:    Both Parents    Mother    Father    Other

Child's Legal Guardian(s):    Both Parents    Mother    Father    Other

(Kindly Cycle your answers)

Consent to take photos while in the Montessori:    ☐ YES    ☐ NO

Consent to change clothes or nappy when necessary:    ☐ YES    ☐ NO

Consent to participate in water activities:    ☐ YES    ☐ NO



*Your Child can be released to the following people:*

<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Emergency Contact Person (If Parents can't be reached):*

<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____

*List any special dietary needs for your Child:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*List Child's Allergies:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*List Toilet Habits (Potty Training, In diapers):*

\_\_\_\_\_  
\_\_\_\_\_

*What does your Child call Bowel Movement:* \_\_\_\_\_

*What does your Child call Urination:* \_\_\_\_\_



**Declaration:**

*I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.*

Name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**For Official Use Only:**

**Checklist:**

☐ Admission Fees

**Fees Paid:**

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Term 1

☐

Term 2

☐

Term 3

Name of the Student: \_\_\_\_\_ Class: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Admission Officer)

