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REGISTRATION FORM

Name of Child	Siblings Attending
• Age: • DOB:	• Gender
• Level: 1 2	3 🔲
Name of parent(s)/ Guardian(s):	
Address:	
Contact number.	
Do you receive text messages on this contact number	if not ,please
indicate:	
Medical condition(s):	
	<u> </u>
Allergies:	
• Allergies:	
DECLARATIO	N
l,	hereby certify to
the best of my knowledge that the above information is tru	e and accurate. I understand that
in the event that my information is found to be false or mis	sleading, the applicant will be
disqualified and fees forfeited at Queen Yekel's Unrivale information provided will be treated with strict confidence.	. Lunderstand that payment of
fees confirms my registration and acknowledgement that I	have read, understood and agree
to all Terms and conditions of the said school.	
Parent(s)/Guardian(s) signature	Date
Office and only	
Office use only: Pagistration: Uniforms: Paid:	Collected:

REQUIREMENTS FORM

Each child must have a file compiled and provided for by their parent(s) / guardian(s), with the following documents attached :

- A bank slip indicating payment of child's fee and other charges as applicable
- A registration form delivered by school administration to parent(s) / guardian(s)
- Photocopy of child's birth certificate
- Photocopy of child's vaccination booklet
- Medical certificate of child from pediatrician
- Two (02) passport sized pictures of child
- Copy of parent(s) / guardian(s) ID cards and contact numbers

NOTE:

- Parent(s) / Guardians may or may not bring diapers and wipes to Kindergarten
 as we provide those for children who may not have.
- School provides lunch at 1p.m. for children and snacks at 4 p.m. for children who
 are still in school premises at that time. However, parent(s) guardian(s)
 must provide their children with 10 a.m. snacks daily.