Crèche Registration form

Two Passport Pictures

**Tel**: 0302-775353 /Mob: 0202337261 / 0274234176
**Address**: P.O.Box CT 6101, Cantonments, Accra, Ghana
**Location**: No. 6 4th Circular Road, Cantonments, Accra
**Email**: twinkletots.gh@gmail.com

Child Lives with *(tick one):* Mother ( ) Father ( ) Both ( ) Other ( )

Father’s Full Name: Occupation:

Email: Home Phone:

Cellphone number: Work Phone:

Postal Address: Religious Denomination:

Mother’s Full Name: Occupation:

Email: Home Phone:

Cellphone number: Work Phone:

Postal Address: Religious Denomination:

Baby’s Surname: Baby’s First Name:

Date of Birth: Age:

Residential Address: Nationality:

Name(s) and Telephone number(s) of person(s) authorized to pick up child after school in case of an emergency

Name: Telephone Number:

Name: Telephone Number:

Name: Telephone Number:

**Baby’s Medical Information**

**(Please provide a medical report of your baby’s general state of health from the doctor)**

Are your baby’s immunizations up to date?  Yes /  No
(Please attach copies of your child’s immunization records)

Does your baby have any known allergies or medical conditions we should be aware of?

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Child’s Doctor’s Name:

Address: Telephone number:

**Medical Emergency Permission**

I authorize  / do not authorize  T.T.I.S staff to administer first aid treatment to my child, to take my child to the Hospital/Clinic and to authorize treatment by the doctor on call.

Name of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**\*This information is kept confidential**

**Please let us know if any information changes while your child is in attendance at T.T.I.S.**

**Baby Information Sheet**

What does your baby drink? (We do not provide formula. All bottles must be prepared for the day.)
 Breast milk /  Cow Milk/  Formula

What times does your baby have their bottles? \_\_\_\_\_\_\_\_\_\_\_\_\_

Does your baby eat solids?  Yes /  No

What times does your baby have their Food? \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you sterilize all feeding utensils?  Yes /  No

Does your baby drink?  Bottled Water /  Water from dispenser/  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use a dummy?  Yes /  No

Do you use a comforter?  Yes /  No

We usually sleep babies on their back. State if you prefer otherwise (how do you normally put your child to sleep?)

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

State the times your baby likes to sleep and if you would like a limit on their sleep time

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

Name: Telephone Number:

Name: Telephone Number:

Name: Telephone Number:

Name: Pet Name:

Do you use a dummy?  Yes /  No

Do you use a comforter?  Yes /  No

We usually sleep babies on their back. State if you prefer otherwise (how do you normally put your child to sleep?)

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

State the times your baby likes to sleep and if you would like a limit on their sleep time

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

Name: Telephone Number:

Name: Telephone Number:

Name: Telephone Number:

Please list any important information or special instructions on the care of your child ie Child’s general mood, how is your baby easily settled when upset or afraid, how does baby act when he/she is sick, routine, likes/dislikes etc

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Name: Telephone Number:

Name: Telephone Number:

Name: Telephone Number:

**Enrolment Agreement**

**T.T.I.S provides services to children and families regardless of race, sex, religion, culture, heritage, political belief or marital status.**

1. I understand that there is a one-time non-refundable Registration fee. No application for enrolment
2. I understand that applications do not guarantee admission
3. I understand that T.T.I.S and the Starlets Crèche operates on a 3 term academic school year
4. I understand that I am responsible for each term’s tuition to be paid at the beginning of the term; no later than a week into the term
5. I forfeit my child’s reserved place in the Crèche/ School due to non-payment of fees
6. I am obliged to update my child’s information when necessary
7. I understand that any absences due to illness, vacation or whatever reason ill not result in a refund or adjustment of tuition fees
8. In case of medical emergency where T.T.I.S has to take my child to the Clinic/Hospital, I will be responsible for any costs incurred
9. I understand that the Crèche/School must receive at least 2 weeks’ notice in advance if my child is leaving due to relocation or other such reasons.
10. All payments should be made in banker’s draft/cheque, payable to Twinkle Tots School, cash deposited into the T.T.I.S account at HFC Bank or GT Bank or direct deposits/transfers into the T.T.I.S account at Republic Bank or GT bank. A copy of the cash/cheque deposit slip is required at the school for official receipts to be issued.

***I agree to adhere to the hereby policies and procedures:***

***Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date \_\_\_/\_\_\_\_/\_\_\_\_\_**