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:

Child’s Surname: Child’s First Name:

Date of Birth: Nationality:

Residential Address:

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:

**Child’s Medical Information**

List allergies/conditions your child may have:

Please attach copies of your child’s immunization records:

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.**

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