

ENO-KWAKYEWA

SCHOOL COMPLEX

(*Enokuwas*)

Motto: Knowledge, Life – Long Education

Location: Pokrom – Nsaba (*Aburi – Nsawam main road, near Pokrom Clinic*)

ADMISSION FORM

My Picture

Pre - School

My Family Diary

My Name is:

.....

Date of Birth:

.....

Date of Admission

.....



SECTION 1: Child's Personal Information

Full Name of ward:

.....
(Surname) (First Name) (Others)

Date of Birth:

.....
Day Month Year

Address

Home Telephone Number:

Mobile Number:

Emergency Number:

Position in Family: 1st 2nd 3rd 4th 5th 6th (Please circle)

SECTION 2: Family Information

Father's Name:

Occupation:

Tel. Number:

Mother's Name:

Occupation:

Tel Number:

Telephone numbers you need to know:

1.

2.

My first language is

Other languages I speak are:

Underline where applicable

- Preferred hand writing: **left** hand / **right** hand
- Has the child attended nursery before? (✓ Yes / ✗ No)
- The name of my nursery / child minder was:

SECTION 3: Interests, Routines & Care Needs

- I like playing with :
- My favorite toy is :
- When I am upset you can comfort me with:
.....
- When I want to eat I say :

- My self - help needs are

I wear nappies	
I use a potty	
I can use the toilet	

I drink from a:	
Bottle	
Feeding cup	
Open cup	

✓ Tick where applicable

- I like to sleep in the daytime: (✓ Yes / ✗ No)
- I normally go to sleep at:
- I do not sleep in the day time anymore:

ALLERGIES

- Does your child have any allergies? (✓ Yes / ✗ No)

- If yes, Please specify:

.....

.....

FOOD

Can your child feed him / herself (✓ Yes / ✗ No)

Please let us know what your child can eat.

	Yes	No
Chicken		
Fish		
Pork		
Lamb		
Eggs		
Beef		
Dairy products including milk, butter, cheese and cream.		
Please specify any other food they <u>cannot</u> have		

✓ Tick where applicable

DRINKS

The school usually offers milk at breakfast and teatime, water at lunch times and fruits at snack time. Please let us know what your child drinks.

- Water (✓ Yes / ✗ No)
- Milk (✓ Yes / ✗ No)
- Fruit (✓ Yes / ✗ No)

SLEEP

- Do you wish your child to sleep / rest at the centre? (✓ Yes / ✗ No)
- At What times during the day does your child sleep?.....
- Does your child have a preferred sleeping position? (✓ Yes / ✗ No)

If yes specify:

- Does your child use a comforter-dummy, teddy etc.? (✓ Yes / ✗ No)

If yes specify:

SECTION 4: Toilet Training & Self-Help Skills

We do not expect children to be fully toilet trained and will work with you to achieve this. Please let us know what stage your child is at:

(Please tick as appropriate)

- Uses nappies all day (but will sit on potty / toilet)
- Uses pull-ups all day.
- Uses knickers / pants all day (but wears a nappy to sleep).
- Uses knickers / pants all day.
- Fully independent and asks for toilet
- Other :

SECTION 5: Authorized Collectors & Emergency Contacts

Who will be settling me into the Nursery?

The people listed below are allowed to collect me from Nursery.

(They must be over 16 years of age)

Name:	
Address:	
Telephone No:	
Relationship:	

Name:	
Address:	
Telephone No:	
Relationship:	

Name:	
Address:	
Telephone No:	
Relationship:	

Password Agreed

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SECTION 6: Parent/Guardian Commitment & Consent

I pledge to cooperate with the school rules and regulations, support my wards education and also pledge my commitment in helping my ward to complete every assignment given by the class teacher.

Emergency Medical Consent:

- I authorize the school to seek medical care for my child in case of emergency.

Parent/Guardian Signature: _____ Date: _____

Review date: / /

SECTION 7: Office Use Only

ASER Reading Assessment:

- Class:
- Admission Number
- House:
- Remarks:
- Signature: