

## ENROLMENT FORM

CCS/MIS/EF/01

Date: \_\_\_\_\_

### CHILD'S DETAILS

Name of Child: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Name Known As \_\_\_\_\_

Gender Male

Female

\*Tick as Appropriate.

**Name of Parent/Guardian 1:**

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

Work Address: \_\_\_\_\_

Phone No 1: \_\_\_\_\_ Phone No 2: \_\_\_\_\_

Email: \_\_\_\_\_ WhatsApp: \_\_\_\_\_

Tick here to add this number to the school information WhatsApp group

**Name of Parent/Guardian 2:**

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

Work Address: \_\_\_\_\_

Phone No 1: \_\_\_\_\_ Phone No 2: \_\_\_\_\_

Email: \_\_\_\_\_ WhatsApp: \_\_\_\_\_

Tick here to add this number to the school information WhatsApp group

**Emergency Contact Details**

Parent 1 (Daytime/Work Contact Number): \_\_\_\_\_

Parent 2 (Daytime/Work Contact Number): \_\_\_\_\_

**Any Other Emergency Contact Details: *Please Use Carers Form for Additional Contact Numbers.***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No 1: \_\_\_\_\_ Phone No 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No 1: \_\_\_\_\_ Phone No 2: \_\_\_\_\_

### **Strictly Private & Confidential**

**Please complete and return with 2 Passport Photographs to Cream Cot School, 26 Ashriabo Street, Isolo.**

**Kindly inform us immediately if there are any changes to the information given**

**Thank YOU.**

PERSONAL DETAILS OF YOUR CHILD

PLEASE GIVE DETAILS OF ALL INJECTIONS/IMMUNIZATIONS ALREADY RECEIVED BY YOUR CHILD.

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Does your child have any special dietary requirements? Yes  No  \*tick as appropriate.  
If yes, please state \_\_\_\_\_

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Does your child have any allergies/special requirements? Yes  No  \*tick as appropriate.  
If yes, please state allergies: \_\_\_\_\_

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What is the main religion in your family? \_\_\_\_\_

What primary language is spoken at home: \_\_\_\_\_

Secondary language(s) (if any) \_\_\_\_\_

Does your child have any special needs or disabilities? Yes  No  \*tick as appropriate.  
(If Yes) Please give details: \_\_\_\_\_

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Where did you hear about Cream Cot School? \_\_\_\_\_

I understand that a non-refundable registration fee of N2, 000 is payable to reserve This Placement.

**Late Payment**

Except where the parent reasonable disputes the sum payable. Cream Cot School shall have the right at any time to serve notice in writing to the parent to terminate the agreement with immediate effect if the parent falls to settle the school fees.

I would like my child \_\_\_\_\_ to start at Cream Cot School

On (date) \_\_\_\_\_

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

Please return this Form to Cream Cot School along with the Parental Authority Form and the Carers Form

**26, Ashiriabo Street, Isolo, Lagos. P. O. Box 3475 Ikeja.**

**Tel: 08076798101, 07061166807.**

*creamcotschool@gmail.com*