



Saturday Creche Enrollment Form

Please complete this form and hand-in either physically or electronically as a mail attachment.

1, Babatunde Johnson street, New Bodija, Ibadan, Oyo State

E-mail: palace.nursery@yahoo.com **Website:** www.palacestyleschool.com

Tel: 07034917589, 08184027120

CHILD

NAME..... NATIONALITY..... AGE.....

DATE OF BIRTH..... SEX..... RELIGION.....

CHILDS POSITION IN FAMILY.....

RESIDENTIAL ADDRESS OF CHILD.....

DOES CHILD HAVE ANY SPECIAL MEDICAL NEED/HISTORY/ALLERGIES? YES/NO

PLEASE GIVE DETAILS IF YES.....

EMERGENCY CONTACT DETAILS.....

NAME(S) OF ADULTS THAT WOULD BE EXPECTED TO PICK-UP CHILD FROM SCHOOL/PHONE NUMBER(S)

1...../.....

2...../.....

PARENTS/LEGAL GUARDIAN

NAME OF FATHER/GUARDIAN.....
OCCUPATION..... EMAIL ADDRESS.....
RESIDENTIAL OR WORK ADDRESS.....
SOCIAL MEDIA CONTACT (watsapp number/facebook name).....
CONTACT PHONE NUMBER(S).....
SIGNATURE..... DATE.....

PARENTS/LEGAL GUARDIAN

NAME OF MOTHER/GUARDIAN.....
OCCUPATION..... EMAIL ADDRESS.....
RESIDENTIAL OR WORK ADDRESS.....
SOCIAL MEDIA CONTACT (watsapp number/facebook name).....
CONTACT PHONE NUMBER(S).....
SIGNATURE..... DATE.....

HOW DID YOU HEAR ABOUT THE SATURDAY CRECHE SERVICE?

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REASONS FOR SIGNING UP.....

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PARENTS AGREEMENT

This is to confirm that I,have read , understood and agreed to the terms and conditions associated with the enrollment of my child on the Saturday Creche Service at Palace Style School.

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Parents Signature

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Administrators Signature