



**NEST INTERNATIONAL DAYCAREE & NURSERY SCHOOL
REGISTRATION FORM**

Child's Full name

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.....

Date of Birth Birth Certificate Checked? () (Staff member to tick)

Physical Home

Address.....

.....

.....

P O Box

.....

Telephone No 1Telephone No

2.....

Email Address

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Religious Denomination

.....

Child's first language

.....

.....

Ethnic Origin

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Nationality

.....
.....

Mother's Full Name Father's Full Name

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Place of Work Place of Work

.....

Work Telephone no Work Telephone no

.....

Mobile No Mobile No

.....

Parental Responsibility ()

Parental Responsibility ()

Are you? Married Divorced Single Separated Living together (please circle which applies to parents situation)

Are there any family circumstances/relationships past, present, or future which may affect your child, which we should be aware of?

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Who should we contact in the case of an emergency? (Please state in order of preference)

Name of contact	Relationship to child	Contact Numbers

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Names of persons who are permitted to collect your child*

Name of person collecting child	Relationship to child	Contact Numbers

*Please note that if sending an alternative person to collect your child, we need to be informed prior to their arrival at the Centre. The person collecting must have your child's password and must have proof of identity when collecting your child.

Medical Information

Name of Child's Doctor

.....

Telephone no

.....

Hospital where doctor is based

.....

Please list immunizations/vaccinations your child has received to date, together with date given:

Immunizations	Please Tick	Immunizations	Please Tick
Measles		Whooping Cough	
Mumps		Tetanus	
Rubella		Meningitis	
Polio		Yellow fever	
Diphtheria		other	
BCG			

Do you give consent for medical help to be sought in an emergency situation? YES / NO (Please circle) Please refer to our policy in the handbook on handling emergencies.

Does your child suffer from any allergies or need regular medication? YES / NO (If yes please specify)

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As part of our duty to provide stimulating and educational activities for your child, do you give permission for your child to go on short walks or excursions off the nursery premises under supervision? YES /NO

Do you give consent for your child to be photographed, including photos on our website? YES/NO

Other Information

Other languages used at home:

.....

Ethnic Origins:

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.....

Festivals celebrated at home:

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Any other details or information which may be useful to know? *E.g what your child likes, their fears, special word, use of comforters?*

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A place will be reserved for your child on receipt of a registration fee of TZS 150,000/= You will then receive your first month's invoice which must be paid before your child commences their first session as fees are payable one month in advance.

Please read our policies and terms and conditions in the parent's handbook.

I/We agree to abide by the terms and conditions of Nest International Day Care and Nursery School, which we have read and fully understood.

I/We will pay fees on time. Fees are payable in advance and within 7 days of receipt of the invoice.

Parent/Guardian's Signature

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Print name: Date:
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Please return this form together with your registration fee:

Administration office, Nest International Day Care and Nursery School, Plot No 262

House no.2, Block No.1, Buyuni Street, P.O.BOX 8478, Dar es Salaam.

Telephone: +255(0)782636740

Email: nestinternational1@gmail.com