



**Child's Record Sheet**

Date of Enrollement ..... Name of Child .....

Address .....

..... Date of Birth : ...../...../.....

Father's Name : ..... Mother's Name: .....

Occupation: ..... Occupation: .....

Mob No: ..... Mob No.: .....

Work's Tel No : ..... Work's Tel No: .....

E-mail address : ..... E-mail address : .....

Home Tel No : .....

Tel No of a close family members just in case parents cannot be reached : .....  
(ex. Grandma, autie etc).

**Medical Information**

Is your son/daughter covered by a Health Insurance Policy?  
Yes  No

If yes please fill in the following:-

Insurance Company. .... Policy No .....

Kindly state whether your son/daughter suffers from any kind of allergies ex, food allergies or others like asthma or eczema.

.....  
Your child's Medical Doctor ..... Tel No. ....

**Authorizations**

We are hereby giving the management the authorization to seek medical help should they feel is necessary for our son/daughter.

We are hereby giving our consent for our son/daughter to have his/her nappy changed by the members of the staff and/or his/her private body parts cleaned by the members of the staff.

.....  
Father's signature

.....  
Mother's signature

.....  
I.D. Card No

.....  
I.D. Card No