



## ADMISSION FORM

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

Gender: \_\_\_\_\_

Age(Date of Birth): \_\_\_\_\_

Any Allergies: \_\_\_\_\_

If any, specify: \_\_\_\_\_

Residential Address: \_\_\_\_\_

### Parents/Guardian

Father's Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

### In case of Medical Emergency

Doctor's Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Tick appropriately

Full-day

Half-day

Indicate who will be picking the child(ren)

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Sign: \_\_\_\_\_

### NB:

Please remember to pack and label;

- » Feeding bottle/cup and bib if needed
- » Diapers and wet wipes
- » A change of clothes
- » A face towel
- » Baby's oil / lotion

*Kindly adhere to the centre's specified time schedules*

*Monday - Friday from 7:00am-4:30pm*

*(Weekends and public holidays-closed)*