

Rosemont Bilingual Daycare and School

Gracecourt Lodge Accra, Ghana

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SCHOOL APPLICATION FORM

CHILD'S NAME: _____

BIRTH DATE: ___ / ___ / ___

ADDRESS/PC: _____

PHONE (HOME): _____ CELL: _____

FIRST PARENT NAME: _____

ADDRESS (HOME): _____

PHONE (HOME): _____ CELL: _____

SECOND PARENT NAME: _____

ADDRESS/PC: _____

PHONE (HOME): _____ CELL: _____

CUSTODY ARRANGEMENTS: (OPTIONAL)

SPECIFY WHICH PARENT IS AUTHORIZED TO SEE OR PICK UP THE CHILD:

PLACE WHERE PARENTS CAN BE REACHED: _____

FIRST PARENT NAME OF WORKPLACE: _____

ADDRESS/PC: _____

PHONE (WORK): _____ OTHER: _____

SECOND PARENT NAME OF WORKPLACE:

ADDRESS/PC: _____

PHONE (WORK): _____ OTHER: _____

CHILD'S DAILY:

ARRIVAL TIME: _____ DEPARTURE TIME: _____

SIGNATURE: _____

START DATE: _____ LAST DAY: _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS/PC: _____

PHONE (HOME): _____ CELL: _____

(WORK): _____ OTHER: _____

Is this emergency contact person allowed to pick up child? YES NO

CHILD'S HEALTH RECORD

CHILD'S NAME: _____

BIRTH DATE: ____/____/____ D.M.Y

FAMILY PHYSICIAN: _____

PHONE: ADDRESS: _____

HEALTH CARE NUMBER: (OPTIONAL) _____

ALLERGIES (LIST ALL KNOWN WITH REACTIONS):

ARE THERE ANY SPECIAL HEALTH NEEDS? (ADHD, ODD, ETC.):

DOES CHILD REQUIRE MEDICATIONS FOR KNOWN ALLERGIES OR SPECIAL HEALTH NEEDS? (LIST ALL):

DIET RESTRICTIONS (due to religion or culture or known allergies):

HISTORY OF PREVIOUS SERIOUS ILLNESS:

IS CHILD'S IMMUNIZATION UP TO DATE? (OPTIONAL) YES NO

PLEASE PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO ADD:

SIGNATURE OF PARENT DATE

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ADMISSION POLICY

1. Time Frame:

Lower Primary School (Grade 1-3): 7:30am – 3:00pm

Upper Primary School (Grade 4-6): 7:30am – 3:30pm

2. Please notify the school immediately when there are any changes with current address, telephone numbers, change of employer, emergency contacts, or immunizations.

3. As the School operates on a monthly budget with expenses that are incurred regardless of whether a child is present, we cannot give credit for absences due to illness or holidays.

4. If your child will be absent on any day, please let me know.

5. Provide permission (preferably in writing) if another person is to pick up your child. Children will not be released to anyone not authorized by the admitting parent.

6. We require notification of any changes of the custody, guardianship or care and control of your child. A copy of any agreement or court order pertaining to those matters is to be left with the center. This will assist us in ensuring that your child is released only to an authorized person.

7. Bilingual school believes if a child is too sick to go outside, participate in daily activities or go to school (if applicable) then they are too sick to be at the Daycare.
8. Bilingual school will not be responsible for lost or broken toys that your child has brought from home. We ask that you leave your child's toys at home.

Your signature at the bottom of our admission policy indicates your willingness to comply with our regulations with the understanding that this agreement may be cancelled at any time by the center only if it is in the best interest of the child and the school.

SIGNATURE OF PARENT DATE

Children's Interest Inventory

My child's name is: _____

Three words or phrases that best describe my child are:

1. _____

2. _____

3. _____

My child's interests include:

My child is very motivated by:

My child may get frustrated by:

My dreams for my child while in school include:

Other insights I would like to share about my child:

Goals I would like to implement and work on for my child: