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*CRECHE \* PRE-SCHOOL \* ELEMENTARY \* AFTER-SCHOOL*

### ENROLLMENT FORM

SURNAME: \_\_\_\_\_

CHILD'S NAMES: \_\_\_\_\_

NICK OR PET NAME: \_\_\_\_\_

GENDER: MALE  FEMALE

CHILD'S HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: Day  month  year

CHILD'S STATE OF ORIGIN: \_\_\_\_\_

CHILD'S PLACE OF BIRTH: \_\_\_\_\_

DATE OF ADMISSION: \_\_\_\_\_

CHILD'S AGE ON DATE OF ADMISSION: \_\_\_\_\_

I AM INTERESTED IN: (TICK  AS APPROPRIATE)

Crèche

Toddler class

Pre-school class

Extended class

Elementary

PLEASE, AFFIX  
PASSPORT  
PHOTOGRAPH

**MOTHER'S INFORMATION**

NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD'S ADDRESS) \_\_\_\_\_

MOTHER'S TELEPHONE NO: \_\_\_\_\_

MOTHER'S OCCUPATION: \_\_\_\_\_

PLEASE, AFFIX  
PASSPORT  
PHOTOGRAPH

**FATHER'S INFORMATION**

NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM CHILD'S ADDRESS) \_\_\_\_\_

FATHER'S TELEPHONE NO: \_\_\_\_\_

FATHER'S OCCUPATION: \_\_\_\_\_

**RELATIONSHIP:**

- Parent Married
- Parent Separated
- Parent Divorced
- Single Parent/ Grandparent is Guardian

Parent/ guardian may be reached, while child will be in care of;

Give the name, address and phone number of any person to call in case of emergency, if parent cannot be reached.

I hereby authorize the childcare operation to allow my child to leave the childcare operation only

with the following person (s) \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ Tel: \_\_\_\_\_

Please list name and telephone number for at least one person. Children will only be released to a person designated by the Parent/Guardian after verification of Identity.

PLEASE, AFFIX  
PASSPORT  
PHOTOGRAPH

#### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

HOSPITAL NAME:

PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF EMERGENCY CARE FACILITY

\_\_\_\_\_

**LAST IMMUNIZATION DATE AND TYPE**

\_\_\_\_\_  
(Please along with the child’s immunization card/chart)

I give consent for the facility to secure any and all necessary emergency medical care for my child signature – parent or legal guardian.

\_\_\_\_\_  
List any special problems that your child may have such as allergies, existing illness, previous serious illness, injuries and hospitalization during the past 12months, any medication prescribed for long term continuous use and any information which caregivers should be aware of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family email address: \_\_\_\_\_

(Please write down the e-mail address you want all school e-mail correspondence to go to including our newsletter).

Thank you.

**PLEASE READ BEFORE SIGNING**

1. All of the information is true and correct. I also understand that I have to fill out every box on this admission form as required.
2. I understand that, I am responsible for keeping my information updated and notifying **Forte Yard Montessori School** of any changes.
3. My child has been examined within the past years by a health care professional and is able to participate in our school program within 30days of admission, I will obtain a health care professional’s signed statement called a well check form and will submit it to **Forte Yard Montessori School**.

\_\_\_\_\_  
Signature