THE PLAY PEN
A CHILD DEVELOPMENT CENTRE
RUMUIBEKWE HOUSING ESTATE, P.M.B. 5709, PORT HARCOURT

ADMISSION FORM

INSTRUCTIONS: (1) To be completed in Parent's (Guardian's) own handwriting and submitted with 2 (two) recent passport photographs of the child.
(2) Nos. 6 – 8 is not applicable to Nursery School age children (3 ½ - 6 years).

1. Child's Name: _____
(Surname in CAPITALS) Other Names
2. Date of Birth: _____ (Attach Photocopy Of Birth Certificate or Sworn Age Declaration)
3. Sex: ☐ Male ☐ Female (Tick appropriately)
4. Age (Next Birthday): _____

(a) Height of Child: _____ (b) Weight of Child: _____

6. Does the child sit up? Yes____ No____ Crawl ? Yes___ No____ Walk ? Yes ____No____ Talk ? Yes _____ No_____
7. At what age did he / she begin to Sit up? _____
Crawl? _____
Walk? _____
Talk? _____
8. Can he or she feed himself / herself ? Alone? Yes ☐ No ☐ With Help ? Yes ☐ No ☐
9. Is he/she sociable? Yes ☐ No ☐ Withdrawn? Yes ☐ No ☐ Aggressive? Yes ☐ No ☐
10. What is the general development? Average? Yes ☐ No ☐ Slow? Yes ☐ No ☐ Rapid? Yes ☐ No ☐
11. Number of children under 6 (six) years in the family:

S/N	Name of Child	Age	Sex

12. Put a tick against any immunization he/she has undergone:
Small pox ☐ Diphtheria ☐ Whooping cough ☐ Typhoid ☐
Tetanus ☐ Measles ☐ Cholera ☐ Poliomyelitis ☐ BCG ☐
13. Any other not listed above? _____
14. Any specific medical observation? Give details: _____
15. Is he/she generally healthy? Yes ☐ No ☐
16. Any other information that may be useful? _____
17. Name and address of child's Family Doctor: _____
18a. What has been the child's daily normal routine? _____
b. Any other observations_____
19a. Name of Father (or father substitute)_____
b. True relationship of father substitute (if applicable)_____

20. Date of Birth of Father (or father substitute)_____

21. Nationality of Father (or father substitute)_____

22. Place of Birth: Town or Village_____LGA_____

23. Home Address: _____

24. Postal Address (if different from Home Address)_____

_____Telephone Number_____

25. Occupation, profession and office address of Father (or father substitute _____

_____

26. Religion of Father (or father substitute)_____

27a. Name of mother (or mother substitute)_____

b. Relationship (if applicable)_____

28. Date of Birth of Mother (or mother substitute)_____

29. Place of Birth: Town or Village_____

30. Home Address:_____

31. Postal Address (if different from Home Address)_____

_____Telephone Number_____

32. Occupation of Mother (or mother substitute)_____

33. Religion of Mother (or mother substitute)_____

34. Has this child been to any school or play group before? Give details _____

_____

35. I promise to attend 75% of the F. P.P. meetings_____

Date: Signature of Parent/Guardian

FOR OFFICE USE ONLY

Admission effective from: _____ Head of School's Signature: _____

Admission denied (Reasons) _____ _____

Class: Pre-Nursery: ☐ Nursery: ☐ Primary: ☐

Year	Class	1st Term	2nd Term	3rd Term

Remarks: _____

_____

_____

Date of Withdrawal: _____

Reason(s): _____

_____

_____
Head of School's Signature

_____
Head of Administration's Signature