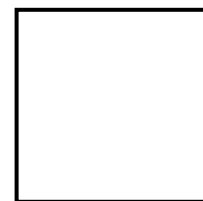


THE PLAY PEN
A CHILD DEVELOPMENT CENTRE
RUMUIBEKWE HOUSING ESTATE, P.M.B. 5709, PORT HARCOURT



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 Yes ☐ No ☐ Withdrawn?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	1 st Term	2 nd Term	3 rd Term

Remarks: _____

 Head of School's Signature

Date of Withdrawal: _____

Reason(s): _____

 Head of Administration's Signature