



Enrolment Form

DATE OF REGISTRATION

/ /

CHILD'S PERSONAL INFORMATION

Full Name :

Nickname :

Nationality

Date of Birth : / /

Phone Number

Gender : Male Female

PLEASE INDICATE THE GROUP YOU ARE APPLYING FOR

Lambs (4-12 months)

Gazelles (2-3 years)

Bharals (12-24 months)

Deers (3-4 years)

Oxen (4-5 years)

ADDRESS

Child's Home Address:

The City :



1. PARENT / GUARDIAN

Full Name :

Relationship to Child

Parent

Guardian

Home Address:

The City :

Place of Employment:

Business Address

Email :

Phone :

Mobile

2. PARENT / GUARDIAN

Full Name :

Relationship to Child

Parent

Guardian

Home Address:

The City :

Place of Employment:

Business Address

Email :

Phone :

Mobile



MARITAL STATUS

Marital Status : Single Married Separated Divorced

If divorced, please highlight who has custody of the child below:

PICK UP AND EMERGENCY CONTACTS

Family/ Friends allowed to pick up and emergency contacts: Passport Pictures should be provided

NAME	TELEPHONE	RELATIONSHIP

Emergency / Additional Contacts

To ensure children's safety and in accordance to the policies and procedures, the nursery will only release a child to those who are listed on this form. If staff are unable to contact parents in an emergency, they will try and make with the named contacts detailed above in numerical order, as well as continuing to try contact numbers for the named parents. Whilst your child is at nursery, you, or a named emergency contact must be available within 1 hour if a situation arises where collection is required e.g. if your child becomes ill or requires non-urgent medical attention. If you are unable to collect your child, you must inform the nursery and make clear who is picking up. If it is not one of the regular emergency contacts below then the nursery will require a photo of the person.



MEDICAL AND DIETARY DETAILS

DOCTORS NAME	
DIETARY REQUIREMENTS	
KNOWN ALLERGIES	

MEDICAL EMERGENCY ADVICE AND TREATMENT

In the event of your child requiring emergency medical attention, advice or treatment the staff of The Maverick School ask that you sign below. Where time is of essence staff will act in the child's best interests.

The nursery will endeavour to keep you up to date on the care of your child, but the Nursery staff will be able to in your absence sign the following; administration of anaesthetics, surgery and hospitalization.

If you do not wish for your child to receive specific treatments or medical procedures, please attach further written instructions.

Signed:

Print Name:



MEDICAL AND DIETARY DETAILS

EMERGENCY LIQUID PARACETAMOL

In the event that your child requires paracetamol because of a manageable temperature or slight injury, please sign below giving consent for the centre to administer this first aid.

I give permission for my child to be given paracetamol in an emergency

YES

NO

Signed:

Print Name:

MEDICAL EMERGENCY AND ADVICE OR TREATMENT

PLASTERS

Children may require a plaster during their time at nursery only if the first aider feels it is required, they may want to apply an adhesive dressing (plaster).

I / We hereby give consent for my /our child to have an adhesive dressing applied if they require it.

Signed:

Print Name:



ALLERGY MANAGEMENT

EMERGENCY LIQUID ANTIHISTAMINE

Throughout the year, children can develop reactions to grass, flowers or other items in the natural environment, as well as developing reactions to food products etc.

We adhere to the government guidelines and legislation on the preparation of food products and maintain clear systems within the kitchen environment to prevent cross contamination. When preparing and cooking food, we do not use any products containing nuts or nut products.

However, due to the number of products now on the markets carrying a disclaimer stating that nut traces may be present, there may be times when the nursery will use these products where no alternative is available.

As these reactions can happen at any time, we would like to obtain your permission to administer an antihistamine, which helps relieve the symptoms of allergic reactions. We will endeavour to contact you prior to administration. The dosage will be dependent on the age of your child in accordance to the instructions on bottle.

I give permission for my child to be given antihistamine in an emergency YES NO

Signed:

Print Name:



THE MAVERICK SCHOOL

TENACITY. INTEGRITY. PURPOSE

EXTERNAL OUTINGS

There may be occasions where we take children for a walk around the external environment. If the staff team decide to do this, a full risk assessment of the visiting area would be carried out in advance.

Children will be supervised by staff during the walks and child: staff ratios will be halved to ensure a high level of supervision is in place.

If the outing is for an extended period of time or is away from the nursery using transportation, a more detailed permission form will be issued –giving exact details location.

I hereby give consent for my child to participate in local walks to the surrounding area.

YES

NO

Signed:

Print Name:



THE MAVERICK SCHOOL

TENACITY. INTEGRITY. PURPOSE

PHOTOGRAPHS AND VIDEO RECORDING

We love sharing the day to day fun we have here at The Maverick School, this often involves taking photographs and mini video clips of children who attend the nursery.

We love displaying these around the nursery environment and also share with you through your child's learning journey – celebrating experiences and achievements. During our events and celebrative activities, we will not be able to refuse parents taking pictures or videos of their child/ren, as they are deemed by Data Protection as personal use. However, parents **MUST** not post any content on social media sites. We will take all steps to ensure these images are used solely for the purposes they are intended.

If you become aware that these images are being used inappropriately, please contact the nursery to discuss further

PHOTOGRAPHS AND VIDEO RELEASE

I give consent for my child's pictures/videos to be used for press and other broadcast media on the schools website, social media or nursery promotional materials.

YES NO

Pictures and videos can be used in online learning journeys of other children who attend the nursery

YES NO

Signed:

Print Name:



TERMS AND CONDITIONS

PAYMENTS

- 1. I agree to pay the total quarterly fee by either in (Full/100%, half/ 50% or Monthly payment) for the upcoming quarter and each quarter thereafter.**
- 2. I also agree to pay a one off admission and registration fee upon enrollment of my child (ren).**
- 3. Students attending school are responsible for the entire year's tuition.**
- 4. Time being of the essence, if any fees are not paid before the upcoming quarter, the past due balance shall bear interest at the rate of ten percent (10%) per quarter and should any amounts be collected by an attorney, we agree to pay fifteen percent (15%) of all sums owed at attorney's fees.**
- 5. I further understand that if my tuition should become more than two quarters past due, I will be disenrolled from The Maverick School and / or legal action will be taken _____ (initials).**
- 6. ALL MONEY PAID IS NON REFUNDABLE.**

HEALTH RECORDS

Immunization records are due before the child's 1st day of school, and the administration should receive all subsequent updates.

ADMINISTERING MEDICATION

I agree to provide the Center with all necessary information pertaining to administering medicine to my child (ren). (A medicine form with a parent's signature is required to administer medications).

No over the counter meds will be given without a note from the child's paediatrician. Should my child become ill during the time that he or she is in the care of The Maverick School or suffer an accident of any nature, the Center shall take all possible actions to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent shall assume responsibility for payment). I agree to keep the School informed as to changes in telephone numbers, etc. where I may be reached.



TERMS AND CONDITIONS

ADMINISTERING MEDICATION

I understand that if my child is ill, including but not limited to, severe cough or sore throat; undetermined rash or spots; temperature over 100 degrees Fahrenheit/37.8 degrees Celsius severe headaches, upset stomach or diarrhoea, he or she cannot be accepted into the Centre until well.

In the event my child has a communicable disease a release form from a medical source may be required before my child re-enters the School. The Maverick School will notify parents if a communicable disease has been introduced into the school.

LOST OR DAMAGED ITEMS

The Maverick School will not be responsible or reimburse for any lost or damaged items. Please label all items with First and Last name. Please leave all candy and toys at home.

SCHOOL MEALS

I understand my child (ren) will be provided with breakfast, two snacks and lunch served daily during their hours of attendance on complementary basis and such times of service need be strictly enforced.

I understand I am totally responsible for any special diet required by my child. If my child's diet consists of formula taken from a bottle, I understand I will provide The Maverick School with the appropriate number of bottles containing formula necessary for my child each day.

Breastmilk will be labelled and stored in the school fridge and discarded per the date on the wallet.

Each bottle will be clearly labelled with child's name and dated as per the required WHO standards.

If my child is struggling to adapt to the school menu food from the home will be provided till my child adjusts to the school menu accordingly. The school will support with this transition.



TERMS AND CONDITIONS

DIAPER/NAPPY POLICY

If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. If we must provide, a GH20 fee per diaper will be charged to your account.

ENROLMENT AND DISENROLLMENT

I agree to give a written three- month notice to The Maverick School prior to my child's/children's change of enrollment or disenrollment from The Maverick School.

If a written three-month notice is not given I understand I will be charged the regular rate for my child's classroom for the term.

If your child does not adjust to our program, we reserve the right to withdraw him/her from the program.

The Maverick School agrees to provide childcare for

_____ and I agree to abide by all policies and procedures of The Maverick School as outlined in this agreement and all additional policies, and the Parent Handbook. I have read and understand the above statements.

Signed:

Print Name:

Date: