



BENABI ACADEMY

BAATSONAA, SPINTEX ROAD, ACCRA

FIX PASSPORT
PICTURE

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PRE-SCHOOL REGISTRATION AND ENROLLMENT FORM

PART A: BIODATA

Child's Name: _____

Child's Date of Birth: _____ Child's Place of Birth: _____

Age: _____ Sex: _____ Weight: _____ Height: _____

Nationality: _____

Primary Language: _____ Identifying Marks: _____

Home Address: _____

Telephone: _____

Eye Colour: Black Brown Blue other _____

Hair Colour: Black Brown Red other _____

Allergies / Special Diets: _____

PART B: PARENT / GUARDIAN INFORMATION

(1)

Parent / Guardian Name: _____

Relationship to child: _____

Home Address: _____

Home Telephone #: _____

Place of work: _____

Work Address: _____

Work Telephone #: _____

Hours at work: _____

Major Landmark near Parent's residence _____

(2)

Parent / Guardian Name: _____

Relationship to child: _____

Home Address: _____

Home Telephone #: _____

Place of work: _____

Work Address: _____

Work Telephone #: _____

Hours at work: _____

PART C: DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

Age began sitting _____ Crawling _____ Walking _____ Talking _____

Does he or she walk with support? _____

Any speech difficulties? _____

Special words to describe needs: _____

Language spoken at home _____

Previous school(s) attended _____

PART D: HEALTH

a) Has your ward been vaccinated against the following (Please tick where applicable)

1. BCG
2. POLIO 1-3
3. DPT
4. HEB 'B' HIB
5. Pneumococcal 1-3
6. Rotavirus 1&2
7. MMR
8. Yellow Fever

b) **Please attach the ORIGINAL WEIGHING CARD of the child to the form.**

c) Serious illness _____

d) Special physical conditions, disabilities or allergies:

e) Regular Medications:

f) In case of emergency which hospital do you want your ward to be taken to?

PART E: EATING HABITS

Special characteristics or difficulties:

*If infant is on a special formula, describe its preparation in detail:

Favourite foods: _____

Foods refused: _____

Child is fed when held in lap high chair

Child eat with spoon fork hands other : _____

PART F: TOILET HABITS

Which of these is/are used? Napkin Disposable diapers Washable diapers

Other (please specify) _____

Has there been an occurrence of diaper rash? Yes No

Please briefly describe how it was managed:

Which of these is/are used? Oil Powder Lotion Diaper Rash Cream

Other (please specify) _____

Does your child have regular bowel movement? Yes No

PART G: SLEEPING HABITS

When does your child go to bed at night?

What is the wake up time in the morning?

PART H: SOCIAL RELATIONSHIPS

Please give a brief description of your child's disposition. Is he / she friendly by nature, hyper, shy, withdrawn, imaginative, and demanding? Etc.

Has he or she had a previous experience with other children / day care? Yes/ No _____

What are your child's reaction to strangers (Please give details)

What type of co-curricular activity does your child take active interest in? (E.g. Science Club, Music Club, Brass Band, Taekwondo, Art & Culture, etc.)

TERMS OF PAYMENT

All fees including admission should be paid in full before or on admission.

GUARANTEE FOR PAYMENT OF SCHOOL FEES

I confirm that, I will be responsible for the payment of school fees.

I understand that the full payment of school fees must be paid in full when school reopens.

I hereby undertake to pay into the school's account all monies that may from time to time hereafter become due in respect of school fees.

PLEASE NOTE:

Mode of payment:

- a. MTN mobile money: 0244204397
- b. CAL Bank (Spintex), Acct. name: BENABI ACADEMY LTD., Acct. no. 101012581515.
- c. Present pay in slip for an Official Receipt.

Parent / Guardian Name: _____ Parent / Guardian Signature: _____

Telephone: _____

Date: _____

PLEASE NOTE: FEES PAID ARE NOT REFUNDABLE**Official Use Only**

Date of Admission _____ Registration / Admission No _____

Age (as at 30th Sept) _____ Class Admitted to _____

Remarks _____

SIGNATURE _____ DATE _____

(HEADMASTER / HEADMISTRESS)

(COPY TO BE DETACHED FOR PARENT / GUARDIAN)

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