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MONTESSORI REGISTRATION FORM

1 Child Information

First Name	Family name	
Nick Name (if any)	Birth Date	Age/Gender
Nationality	Religion	
First Language	Other Language	
Has child attended School before?	School Name	

2 Family Information

Father Name	Nationality
Employer	Profession
Mother's Name	Nationality
Sibling's Name	Birthday
Sibling's Name	Birthday
Sibling's Name	Birthday
What school do siblings attend?	

3 Contact Information

Home Address:	Bldg/vilta/apt
P. O. Box	Area
Mother Home	Father Home
Mother Office	Father Office
Mother Mobile	Father Mobile
Mother E-mail	Father E-mail
Emergency Contact 1	Emergency Contact 2
Relationship	Relationship
Name	Name
Home	Home
Office	Office
Mobile	Mobile

4 Authorized Persons to Collect Child from School

Person Name

Relation/Gender

Person Name

Relation/Gender

Person Name

Relation/gender

5 Registration checklist/Agreement to Terms & Conditions

*Birth Certificate

*Medical Certificate

*Immunization Record

*Colour Passport size photos x 2

*Registration Fees

Fees: Tuition fees are due in full first day of the term. Fees are non-refundable. Late or incomplete payment may result in loss of placement and registration fees. Replacement days will not be given for unattended sessions. Installment fee payment must follow agreed dates.

Late Collection: Late collection of children will be charged after-school rate per half hour.

Notice Period: There should be a month's notice of intention to cancel child's School place or reduce a child's attendance if required.

Photos: the school may photograph and/or film your child in a positive light while at Coco's Montessori. These media files may be used for Coco's Montessori online and/or print marketing and they are the property of Coco's Montessori School.

Safeguarding Children: the safety and well-being of a child is our first concern and we will need to take appropriate action if we feel that a child is at risk.

Liability: the School or any of its employees will not be responsible for any accident loss or damages of property, children should not bring valuable items to the school. The School or any of its employees will not be held responsible for any illness or accidental injuries on the premises or during field trips.

Signature of Parent/Guardian:

Date:

Date Received:

Signature:

6 Student Information

First Name	Birth Date
Family Name	

7 Medical History

Allergies of food restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details if any
Respiratory difficulties physical disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details if any
Vision/hearing impairment or learning difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details if any
Other health concern that required special minoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details if any
Has your child been hospitalized received treatment recently	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide details if any

8 Family Physician

Doctor Name	Hospital Name
Telephone Name	Emergency number
Mobile Name	Telephone

9 Vaccination Information

Has your child received the following vaccination?		If yes, please insert date			
Vaccine		Date	Vaccine		Date
Diphtheria, Tetanus Pertussis (Triple Antigen 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphtheria, Tetanus Pertussis (Triple Antigen 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Pre School Booster	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphtheria, Tetanus Pertussis (Triple Antigen 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Yellow Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Measies	<input type="checkbox"/> Yes <input type="checkbox"/> No		Vitamin A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No		Any Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10 Vaccination Information

Has your child had any of the following illnesses?			If yes, please insert date				
Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date	Illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date
German Measles	<input type="checkbox"/>	<input type="checkbox"/>		Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>		Fainting Injuries	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>		Others(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Cold/Sinusitis? H1N1	<input type="checkbox"/>	<input type="checkbox"/>		Polio	<input type="checkbox"/>	<input type="checkbox"/>	

11 Non-prescription Medicine Administration

I hereby authorize Coco's Montessori to administer the following medication/products according to school manufacturer/physician's written instructions should it be required. Other medication may be administered as required, subjected to signature on the Medicine Administering form available in the office. I will not hold Coco's Montessori School liable for any allergic reactions or other symptoms when the medication/products are used in accordance with these items.

Paracetamol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
First Aid Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Cough Syrup	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments
Signature of Parents/Guardian		Date

12 Non-prescription Medicine Administration

Children have a low resistance to infection. If your child is ill, he/she should not attend school until fully clear of illness/infection. If called to collect your child, you will endeavour to be at school within one hour. In the nature of an event, you agree to school authority to provide emergency care including calling ambulance or physician for medical attention. You agree to pay for any/all costs incurred and take full responsibility for treatment required and will not hold school liable in the event that we are unable to reach the parent and confirm the course of action.

Signature of Parent/Guardian:

Name of Parent:

13 Parent/Guardian Signoff

I hereby confirm that at the above medical information is accurate and correct to the best of my knowledge. I endeavour to provide Coco's Montessori School with any changes to this information as and when I become aware of them and have attached my child's most update immunization to this completed document.

Signature of Parent:

Name of Parent:

FOR INTERNAL USE

Date Received:

Signature: