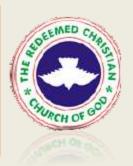


Curia Regis Schools

198b, Jide Oki Street, Off Ligali Ayorinde Street, Victoria Island, Lagos

Contact lines: 08187942500, 08187943003, and 08187943006

Email: admin@kingscourtnursery.com Website: www.kingscourtnursery.com



Enrolment Form

Child's information		
Last Name	First Name:Middle:	
Name by which the child is know	n:	
Age of Child:	Sex: Male Female	
Date of Birth (DD/MM/YYYY):	Place	e of Birth:
Nationality of child:	provide copy of child's Ir	nternational Passport)
If Nigerian, State of Origin:		Religion:
Residential Address of child:		
Parent Information		
Father's Name:	N	Mother's Name:
Nationality:	N	Nationality:
Residential Address:	F	Residential Address:
Business Name & Address:	E	Business Name & Address:
Telephone #s:		Telephone #s:
Email address:	E	Email address:
BBM Pin (optional):	E	BBM Pin (optional):

Mari	tal Status of Parents: Mar	_		_
		• · · · · · ·		
(If div	orced or separated please pro	vide legal docume	ent stating custody arrange	ement for child)
Who	will pay school fees and o	ther expenses?	?	
Scho	ool Attended during the las	t year <i>(where ap</i>	olicable):	
Prop	osed month of resumption	at Curia Regis	:	
Does	s the child have siblings at	Curia Regis? `	Yes O No O	
If ye	s, please indicate name ar	nd class of siblir	ngs below:	
Nam	ne:		Name:	
Clas	s:		Class:	
Emer	gency Contact in the	event that pa	rents cannot be rea	ached
1	Nama			
	Name:			
	Address:			
	Cellphone #:		Business #	
2.	Doctor's name:			
	Name and Address of Hos	spital:		
				
				_
	Hospital Card #:			
ime c		applications m		ication, due to be paid at the by a copy of the child's birth
Pleas	e note that school fees a	nd other levies	s once paid are not re	fundable.
Attest	tation: I have read and acc	cept the condition	ons of enrolment as sta	ated above:
Marsa		Ciam atuur		Data
Name		Signature:		Date:



Medical Disclosure and Health Information

	Has your child received al		unizations?	Yes	No
•	Does your child have any may require additional su		al condition which	Yes	No
	If yes please provide deta	ils including the n	ature of the condition	and mana	gement:
	Does your child have a dia (E.g. physical/ hearing/ vision in	_	1	Yesirment/ atte	No
	If yes please provide deta	ils including the n	ature of the condition	and mana	gement:
s your	child toilet trained?			Yes	No
Are you toilet training your child right now?			Yes	No	
s this your child's first time in a childcare centre?			?	Yes	No
ne or Regis	ration: Should my child need my emergency contact. In School Head of School or t ld. This may include admini	the event that w the school nurse t	ve are both unreachable o do whatever she con	le, I hereb siders is th	y authorize Curia
Name:		Signature:		Date:	



Enrolment Procedure and Requirements

- 1. Pick up a registration Form after the payment of 10,000.00 registration fees.

 Registration forms are also available on our website www.kingscourtnursery.com. Payment must be made when forms downloaded online are handed in.
- 2. Return Completed Form with the following;
 - a. Two passport photographs of child
 - b. Photocopy of Immunization record
 - c. Photocopy of birth certificate
 - d. Medical report from the child's hospital certifying that your child is medically fit to be admitted into the school. (A template is available online or in school. This can be taken to the hospital for the doctor's signature and the hospital stamp)
- 3. Make an appointment for interview or assessment. Both parents are required to attend the interview.
- 4. The Crèche/Playgroup or Nursery School Policies will be provided upon payment of registration fee to enable prospective Parent review the policy. Parents are expected to sign the acceptance page of the policy indicating understanding and accepting of the School's policy. The acceptance page <u>must</u> be submitted along with the other enrolment documents before the child can allowed to resume.

Recommended Paediatric Immunization Schedule for Lagos State, Nigeria

Age	Immunization	Protection Against
Birth	BCG, 1 st OPV, 1 st Hep.B	Tuberculosis, Polio, Hepatitis (Liver Infection)
6 Weeks	1 st DPT, 2 nd OPV	Diphtheria, Tetanus, Whooping Cough, Polio
8 Weeks	2 nd Hep.B, 1 st HIB	Hepatitis B, Meningitis, Pneumonia, Epiglottis Specimen
10 Weeks	2 nd DPT, 3 rd OPV	Diphtheria, Polio
12 Weeks	2 nd HIB	As Above
14 Weeks	3 rd DPT, 4 th OPV	Diphtheria, Polio
16 weeks	3 rd HIB	As Above
6 months	3 rd Hep.B	Hepatitis (Liver Infection)
9 Months	Measles	Measles
15-18 Months	MMR	Measles, Mumps and Rubella
From 2 years	Yellow fever	Yellow fever
5-6 Years	Booster DPT	Polio, Tetanus, Rubella
10-12 years, 16 years	OPV, HIB DT	Yellow fever (for non-immunized girls)
Booster Doses		
After 6 months	2 doses of HIB	
After 1 year	1 dose of HIB	
After 2 years	Typhim vi Typhoid	



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Medical Report Form

Hospital Name:		_
Address of Hospi		_
Phone numbers:		
Name of C	Child:	
-	that the above named child is physically fit to attend school. He has no known that would prevent him from functioning in a school environment normally are up to date.	
Thank you.		
Doctor's Name:		
Signature:		
Date:		
Hospital Stamp:		