



December 1<sup>st</sup>, 2022

## ADMISSION TO THE OPONGANDA CHILDREN'S CENTRE

### IDENTIFICATION OF CHILD:

Surname : .....

First name (s) : .....

Name by which child is known : .....

Date of Birth : .....  
(Certificate must be presented)

Home Language : .....

Medical History : .....

Has your child been immunized (Health Passport)                      YES                      NO

As new born	BCG+ POLIO	<input type="checkbox"/>	<input type="checkbox"/>
At 6 Weeks	DPT. POLIO (BCG)	<input type="checkbox"/>	<input type="checkbox"/>
At 10 Weeks	DPT. POLIO	<input type="checkbox"/>	<input type="checkbox"/>
At 14 Weeks	DTP. POLIO	<input type="checkbox"/>	<input type="checkbox"/>
AT 9 Months	MEASELS	<input type="checkbox"/>	<input type="checkbox"/>
2-3 Years	M. MR	<input type="checkbox"/>	<input type="checkbox"/>
5 Years	DT. POLIO BCG	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	TURBERCULIN	<input type="checkbox"/>	<input type="checkbox"/>

Mention any Health problems:

.....  
.....  
.....



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## **GENERAL HEALTH**

**Mention any form of abnormality, which the child reveals at this stage.**

**Eyes** .....  
**Hearing** .....  
**Movement** .....  
**Speech** .....  
**Allergies** .....  
**Others** .....  
**Family Doctor** ..... **Tel no:**.....

### **PARENT/GUARDIANS**

**Surname of father/guardian** : .....

**First name (s) of the father/guardians** : .....

**Occupation of father** : .....

**ID number of the mother/guardian** : .....

**First name (s) of the mother/guardian** : .....

**Occupation of the mother** : .....

**Home Address** : .....

**Postal Address** : .....

**Telephone number of father** : .....

**Telephone number of the mother** : .....



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## **EMERGENCIES**

**Persons to be connected in case of an emergency if the pares/guardian are not available**

<b>Name:</b> .....	<b>Tel no:</b> .....
<b>Address:</b> .....	<b>Tel no:</b> .....
<b>Name:</b> .....	<b>Tel no:</b> .....
<b>Address:</b> .....	<b>Tel no:</b> .....
<b>Name:</b> .....	<b>Tel no:</b> .....

## **ACCOMPANMENT:**

**Who will accompany your child to school in the morning?**

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**Who will fetch your child from school in the morning?**

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## **GENERAL**

**A. At times we don't have enough time to notify parents/guardians of forth coming outings.**

**We, therefore, request you to give us permission that will be valid throughout the year; by signing the Permission Slip given below:**

**I hereby, give permission for the transportation of my child/ren \_\_\_\_\_ to and from school for all excursions undertaken by the OPONGANDA PRESCHOOL.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**We shall, however, inform you of the days of outings/excursions.**



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## **B. Indemnity Form:**

Although we do everything in our power to prevent injuries and accidents, it is not possible to guarantee total prevention of the above mentioned. We, therefore, request you to sign the form below.

I/We indemnify the School of any claims arising from any injuries or accidents that may occur.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

I/we the parents/guardians of \_\_\_\_\_

## **D. DECLARATION:**

**WE, the parents/guardians of \_\_\_\_\_ are fully aware of the school rules and regulations, and that we have a COPY of the said RULES and REGULATIONS.**

**In the event of my child/ren's application being successful, I/we UNDERTAKE to abide by the school rules and regulations.**

**I/ am equally aware, that if my child/ren's fees are not paid by the 5<sup>th</sup> of each month he/she/ they will be sent home without prior notification!**

**E I am also aware that I have TO NOTIFY the school of my intention to withdraw the child from the school, one month in advance, otherwise pay one month's FEES in lieu of notice.**

Signed: \_\_\_\_\_  
Parent/Guardians

Date: \_\_\_\_\_