



**NURSERY & PRIMARY SCHOOL**  
*“Nurturing Young Brains & Enhancing Talents”*

**STUDENT REGISTRATION FORM**

**Student Information**

Surname/ Family Name: ..... Given Name: .....

Date of Birth: ..... Place of Birth: ..... Sex: M / F  
Day/Month/Year

Nationality: ..... Languages Spoken: .....

Application for Class: ..... Entry Date: .....

Last School Attended: .....

Class: ..... Last day at this School: .....

Residential Address: .....

Postal Address: .....

**Parents / Guardians Information**

Father / Guardian information:	Mother / Guardian Information:
Name:	Name:
Nationality:	Nationality:
Occupation:	Occupation:
Company:	Company:
Tel. No:	Tel. No:
Email:	Email:

**ADMISSIONS DOCUMENTATION REQUIREMENTS**

The following must be attached on submission of the completed registration forms.

1. Two (2) recent passport sized photograph of your child.
2. A photocopy of your child’s birth certificate or passport
3. Health information form (completed by you)
4. Current copy of immunization records and all subsequent immunization updates.
5. Full Photo of the person who will be picking the child if not parent and a completed Pick up Instruction Form



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### STUDENT HEALTH INFORMATION FORM

*To be filled by parent / guardian. Kindly ensure the school administration is informed whenever there are any changes to the information given on this document.*

Kindly answer the below questions:

1. YES / NO Does your child suffer from congenital conditions?  
(eg. G6PD, Thalassemia, Hemophilia, Congenital Heart Conditions) if yes kindly explain:  
.....
2. YES / NO Does your child have any allergies? (eg. Food, Insects, Medications). How do these allergies usually present itself and how is it usually treated. If Yes, kindly explain:  
.....
3. YES/ NO Is your child on daily medication? If Yes, kindly explain  
.....
4. YES / NO Has your child had any significant injury, accident or a major surgery? If Yes,  
Kindly explain .....
5. YES / NO Does your child have any known food or drug allergies? If YES , kindly explain:  
.....
6. YES / NO In the event of your child suffering a high temperature, we will make contact with you. However, do you consent to the administration of drug (Calpol, Tylenol, Paracetamol) to reduce temperature?
7. YES / NO In the event of a medical emergency, do you consent to your child being transported to the nearest hospital?

**Please note: All medications must be submitted to the school in its original bottle / package with prescription from a Doctor.**

I ..... Parent / Guardian of .....  
(Student Name), will not hold GOLDEN PRESCHOOL or any of its employees liable in any claim arising from the administration of medication at school. I agree to notify the school in writing at the termination of this request or when any change in the above is necessary.

Parent / Guardian Signature:..... Date:.....



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**PARENT / CENTRE CONTRACT**

This is a contract between \_\_\_\_\_  
(herein called the parent) and Golden Foundation School, Nursery & Pre-school Department  
(herein called Centre).

Child care services will be provided for \_\_\_\_\_  
All activities and meals are included

Parents agree to pay Admission and Centre Fee in full before child is accepted into Centre

For continuing children in Nursery, parent agree to pay the quarterly fees in full by the end of  
the First Month or opt for monthly payment. Primary settles with first month of Term.

Parent agrees that if 4 weeks pass without payment made, there will be a late penalty levy of  
10% on the fees. Centre reserves the right to terminate child’s admission and begin collection  
process if this persist.

Parent and Centre agree to provide three (3) month notice of termination of the Contract.

Parent agrees that if three (3) month notice is not given to the Centre prior to withdrawal of the  
child from the Centre, the fees will still be payable to the Centre

Parent agrees to complete all forms required and given by the Centre

Parent agrees to update personal information as it occurs

Parent understands that the child cannot remain in care without proper documentation on file

Parent agrees to provide all supplies requested by the Centre.

Parent understands that if required items are not supplied they will be purchased by the Centre  
and Parent will reimburse Centre for the full cost

Parent Signature & Date

Parent Signature & Date

.....

.....

Director’s Signature & Date .....

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### CHILD BRINGS ALONG .....

Kindly find below a list of requirement for your child. Please ensure that the items applicable to your child are sent with him / her to school as requested. Have child’s name all items.

- Baby formula for 3 months to 18 months
- Name labeled feeding bottles for 3 months to 16 months
- Pull – ups for 2 years to 3 years – 15 per week
- Bibs for 3 months to 24 months – 4 bibs
- Hair brush or comb – 1 each
- Baby Wipe (for diaper and potty training)
- Small Face Towel – 2 per day
- Change of clothes – 2 per day
- Vaseline for 3 months to 36 months
- Powder for 3 months to 4 years
- Body Lotion for 3 months to 4 years
- Hand Sanitizer
- Tennis shoes / sneakers for 2 years and above – daily for playground use
- Eating Bowls & spoons – well labelled
- 2 Baby Cot Sheets – returned for wash every Friday
- **2 Pocket Size Tissues**