



Proficient moulding from a tender age

The Kradle Kindergaten
Po Box 14056-00800
Nairobi, Kenya
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REGISTRATION FORM

Part A: Child's Particulars

Name

Age Date of Birth Nationality

Languages spoken at home Religion

Part B: Parent's/guardian particulars

Father's

Place of work

Tel Email

Mother's

Place of work

Tel Email

Part C: Residential address

House Number Estate Road

Other useful info

Po Box Code City Country

Part D: I require

Day care

Kindergarten

Part E: Child's health

Known allergies

Food/ drinks prohibited

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Doctor's name Doctor's Location

Preferred Hospital

Tel Email

Immunisation history

Vaccine given	Date	Vaccine given	Date
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.....
.....
.....
.....
.....

Part F: Authorisation to collect child/ children

The following persons are authorised to drop off/ pick up child/children

Name	Relation to child	Tel
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.....
.....

Signed Date

Official use Application date Admission date Ref. No.

Comments.....
.....
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Signed Date