YOUNG TALENTS

NURSERY SCHOOL AND DAYCARE

Namere, Mpererwe Township

Tel: +256 778 512 122 P.O. Box 30624 KAMPALA

Email: youngtalentsecd@gmail.com Website:www.youngtalentsnurseryschool.org

ADMISSION FORM

To be signed and returned before your child starts with YTN.

All information will be treated confidential

Attach 2 recent passport size color photograph

Admission seeking in:

☐ Play Group ☐ Nursery ☐ Kindergarten ☐ Pre- Primary

*To be completed by Parent/ Guardian. Please use **CAPITAL LETTERS** to complete the form*

Candidate's Personal Details:

Child's Name: ……

Date of Birth: …… Gender: Boy ☐ Girl ☐

Religion: …… Nationality: …… Mother Tongue: ……

Any other relatives in the school

1. …… Class: ……
2. …… Class: ……

Parenthood (tick where applicable)

Both parents are alive ☐ Father passed away ☐

Mother passed away ☐ Both parents passed away ☐

Residential Address:

Area of residence (Local Council): Please attach a hand drawn map:

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"MAKE YOUR CHILD A WINNER"

Family information:

Father's Full Name: ……..

Profession: …… Place of work: ……

Tel No: 1. …… 2. ……..

National ID / Passport: …….. E-mail: ……

Mother's Full Name: ……

Profession: …… Place of work: ……

Tel No: 1. …….. 2. ……..

National ID / Passport: …….. E-mail: ……

Guardian's Full Name: (If applicable) ……

Profession: …….. Tel No: ……..

National ID / Passport: …….. E-mail: ……

In case of Emergency call order of priority with?

1st Name: …….. Relation: …… Tel No.: ……

2nd Name: …….. Relation: …… Tel No.: ……

3rd Name: …….. Relation: …… Tel No.: ……

MOTHER	**FATHER**	**GUARDIAN**
Attach 2 recent passport size color photograph	Attach 2 recent passport size color photograph	Attach 2 recent passport size color photograph

"**MAKE YOUR CHILD A WINNER**"

Child's Health:

Is your child on regular medication **(Yes/No)**? If Yes specify medication and purpose

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In the event where necessary, can your child be given CALPOL (Paracetamol), Panadol, cough medicine? **(Yes/No). if yes please specify.** ……

Referral Hospital:

Clinic / Hospital: ……
Doctor's name: ……
Tel. No.: 1. …… 2. ……
Address; ……..

Does your child have any disabilities/ allergies/ disorder **(Yes/No**)? If yes please specify:

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……
……
……

Has your child been immunized against?

- Tetanus **(Yes/ No)** • Polio **(Yes/ No)** • Measles **(Yes/ No)** • Tuberculosis (TB) **(Yes/ No)**
- COVID Vaccination (**Yes/ No)** Name of vaccine; ……
- Others (please specify) **(Yes/ No**)……

Admission:

Class to which admission is sought: …… Year: 20……..……

Has your child attended school before? **(Yes/ No)**

Which school(s)?

……
……

Schedule preference (tick schedule)

- Half day (8.00 am – 12.30 pm)
- Full day (8.00 am – 4.00 pm)

"**MAKE YOUR CHILD A WINNER**"

Reference Details:

How did you get to know this school?

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Parent's Declaration:

I/We confirm that all the information provided by me/us is correct. I / We further agree to inform the school promptly, in writing, of any subsequent changes. I / We agree to meet financial responsibilities promptly. I / We understand that any incorrect information given by me/us will render this application invalid and, consequently, the admission granted will be cancelled.

Name:

…….

……

Date: ……. Signature: (Parent / Guardian) ……

Requirements to attach for admission application Checklist:

- Birth Certificate copy -Passport Size Photos - National identity card or passport details (parents or guardians and emergency contact) -Medical Form -Immunization card copy - Transportation Form -Admission Fees -Most recent school report from previous school

"MAKE YOUR CHILD A WINNER"