

## Registration Form

For Parent or Legal Guardian

### Information about the Parents / Legal Guardians

#### Parent / Legal Guardian 1

Family Name

Given Name(s)

Nationality   
Residential Address

Postal Address  PO Box Number

Town

Country

Phone Contact  Mobile

Work

Fax

Emergency Mobile

Email

#### Parent / Legal Guardian 2 (if applicable)

Family Name

Given Name(s)

Nationality   
Residential Address

Postal Address  PO Box Number

Country

Phone Contact  Mobile

Work

Fax

Emergency Mobile

Email

# sunflower

INTERNATIONAL  
EARLY YEARS CENTRE

Moshono, Arusha, Tanzania +255789540051  
P.O.BOX 11342 ARUSHA (MOSHONO).  
Info@sunflowerinternationalschool.com

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## Information about the child

Given Name(s)	<input type="text"/>	Family Name	<input type="text"/>
Age in years on most recent birthday	<input type="text"/>	Date of Birth	<input type="text"/>
			(Date / month / year)

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## Child's existing education

Name of previous school (if applicable)	<input type="text"/>
Postal address of previous school (If applicable))	<input type="text"/>
Telephone of previous school (if applicable)	<input type="text"/>
Details of prior education (if applicable)	<input type="text"/>

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## Child's Health *(if you need more space to give full details, please affix additional sheets as needed.)*

Please write here as fully as possible details of any allergies affecting your child)	<input type="text"/>
Please write here as full as possible details of any existing health condition affecting your child.	<input type="text"/>
Please give details of any prescription medicines your child takes	<input type="text"/>
Please give details of any preferred hospital to be used in case of emergency	<input type="text"/>

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**Y**

## **our Preferences** *(Please write as clearly as you can)*

If you or your child has **religious convictions** that affect his or her schooling, please give details here

If you have **other preferences** not detailed in the boxes above, please write details here.

### **Transport**

Tick this box if you need us to contact you to arrange daily transport to and from the school for your child.

### **Billing**

Select a method of payment you will be using to pay school fees.

Cash

Cheque

Amount being paid

Where did you find out about Sunflower International Early Years Centre?

I hereby enroll my child at the sunflower International Early Years Centre for the term starting on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Complete the date)

I assume responsibility for all risks and hazards incidental to the involvement with the institution that are proved to be beyond the control of the institution that do not involve negligence of the institution and do hereby release, absolve, indemnify, and agree to hold the institution and all its staff. Neither the school, any affiliated organization nor the said persons shall be held financial responsible for any injury, illness or death incurred whilst the institution premise or in institution vehicle which are out of institution control/proved not to involve negligent to institution staff.

I, the undersigned, have read this release and understand all its terms and execute it voluntary and with full knowledge of its significance. In the event of an emergence and I can not be reached. I do hereby authorize emergency medical treatment to be administered.

Signature of Parent or Guardian \_\_\_\_\_

Dated

*(date / month / year)*