



JUNIPER CRECHE

Montessori Nido & Nursery

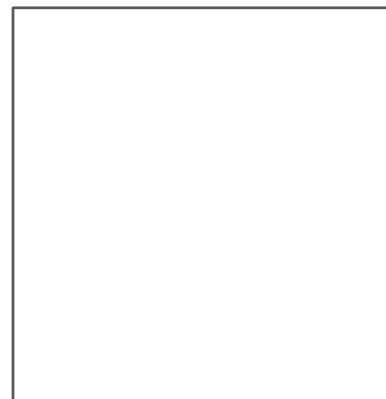
7, Williams Street, off Adenuga Street

Surulere

Lagos.

Tel: 08098499979

Email: junipercreche@gmail.com



ADMISSION FORM

This form should be completed in BLOCK LETTERS and returned to the school with a copy of the Child's Birth certificate, Immunization record and four (4) passport photographs

The following agreement is made between **JUNIPER CRECHE** and:

Father's Name: _____

Mother's Name: _____

Address: _____

City/ Province: _____ **Postal Code:** _____

Phone 1: _____ **Phone 2:** _____

Phone1: _____ **Phone 2:** _____

Father's Occupation: _____ **Phone:** _____

Mother's Occupation: _____ **Phone:** _____

Email: _____

For the provision of care for

Child's Name: _____ **Date of Birth:** _____

Date of Admission: _____

Medical Information

Doctors Name: _____ **Phone:** _____

Address: _____

Health card: _____

Allergies: _____

Emergency Contact Information

Name: _____

Address: _____ **Phone:** _____

Address: _____ **Cell:** _____

Relationship: _____

I have read and agreed to the terms set out by this agreement and confirm all information on this form to be true to the best of my knowledge.

Date: _____

Signature: _____

*Additional information that may aid in the care of my child:
{Likes, dislikes, sleeping habits, etc.}*

- I give permission for my child to use all play equipment and to participate in activities both indoors and out (YES or NO).
- I give permission for my child to be photographed for use in the crèche and for advertising purposes. Optional (YES or NO).
- I give permission for the crèche to take whatever steps may be necessary to obtain emergency medical care if needed (YES or NO).

Dated: _____ **signature:** _____

- I give permission for the crèche to release my child to only the people listed below, with the proper I.D. otherwise, the child will be held until the parent or guardian can be contacted.
- I agree to notify the juniper Crèche if there are any changes with regards to the persons mentioned below, and realize I am responsible for notifying the crèche of any said changes.

The crèche may release my child to:

Name: _____ phone: _____

Address: _____

Relationship: _____

Name: _____ phone: _____

Address: _____

Relationship: _____

Date: _____

Signature: _____

TERMS OF AGREEMENT

Fees

- Fees are to be paid into (Juniper Crèche). Fees are due on the first day of care each quarter for the NIDO Floor and at the end of the term for other classes.
- Fees are non-refundable.

Closure /Holidays

- Our Crèche reserves the right to close for Christmas vacation and will provide parents with at least two weeks' notice.
- Our crèche is also closed on all statutory holidays and weekends.

Item requested by our Crèche Services

- A copy of your child(s) immunization records
- Written parental consent for our Crèche to administer any prescriptions or other medication to your child or children as per bottle instruction.

Termination of Care Agreement

For the termination of care, both parties agree to submit in writing two weeks' notice. Our Crèche reserves the right to terminate care at their discretion if in their opinion the child is hazard to the safety of others or who appears to have rejected the reasonable expectations of the crèche. Written notifications will be given by us as regards any increase in child care fees, changes in requirements and unavoidable or unscheduled closing unless by emergency.

Date: _____

Signature: _____

REQUIREMENT/ITEMS NEEDED FOR THE CRECHE

- ❖ A PACK OF WIPES
- ❖ 5 DIAPERS (DAILY)
- ❖ DIAPER CREAM (SUDOCREM)
- ❖ CHANGE OF CLOTHES
- ❖ COOKED FOOD IN FLASK
- ❖ HOT WATER FLASK
- ❖ BABY BIB
- ❖ CEREAL BOWL
- ❖ BABY MEALS (MILK, CEREAL, PAP ETC.)
- ❖ CUTLERY
- ❖ DRINKING WATER
- ❖ FEEDING BOTTLES & CUP
- ❖ 4 PASSPORTS OF THE BABY
- ❖ 1 PASSPORT PHOTOGRAPH OF DAD, MUM AND AN ADDITIONAL PICK UP PERSON
- ❖ A COPY OF CHILD'S IMMUNIZATION RECORD
- ❖ A COPY OF CHILD'S BIRTH CERTIFICATE