

Please Attach
Recent Photo



(Creche & Nursery)

FOR OFFICE USE ONLY
Date:
Account No:
Registration Fee Paid:
Admission Fee Paid:
Assessment Fee Paid:
Admission Fee Paid:
Necessary documents:

Student's Full Name: _____

Age: __ Birth date: __ / __ / __ (M/F)

Student's Home Address: _____

Languages: _____

Ethnicity: Ghanaian/ West African/ Asian/ Indian/ European/ American/ Middle East/ Other: _____

Contact person in case of emergency: _____ Phone #: _____

The person who will pick up the child: _____

Breast Feeding: Yes / No Walk: Yes / No Diaper Trained: Yes / No Can Eat Alone: Yes / No

<p>Mother/Female Guardian (Relation: _____) Name (Mr./Rev./Dr.) _____ Nationality: E-mail: Final School Attended: Occupation: Job Title: Mobile Phone: Religious Preference: Member of Church: ** Email information is very important. School only communicate with parents through emails and letters.</p>

<p>Father/ Male Guardian (Relation: _____) (Mrs./Dr.) _____ Nationality: E-mail: Final School Attended: Occupation: Job Title: Mobile Phone: Religious Preference: Member of Church: ** Email information is very important. School only communicate with parents through emails and letters.</p>

Please circle the followings if applicable:

Child Lives with: Both Parents / Father / Mother / Stepfather / Stepmother / Guardian / Other: _____

Do you have any sibling(s) who is(are) attending GICA? Yes/ No

If yes, write names and grades. _____

FINANCIAL RESPONSIBILITY

Financial Responsibility by: Father/ Mother / Guardian / Other (Name: _____)

Contact Number: _____

EDUCATIONAL BACKGROUND

Did you attend any Creche or Nursery before?

Name of the School: _____

Location: _____ Duration: _____

ADDITIONAL INFORMATION

How did you learn about GIU International Christian Academy?

May we use your student's individual name and/or individual visual image in any GICA internal and external communications (e.g. website, newsletters, advertisements, press releases, media events, etc.) for marketing and public relation purposes? Yes / No

List known allergies, food restrictions, physical, emotional, or behavioral disorders, and regularly administered medications:

Does the child have an ADHD (Attention Deficit Hyperactivity Disorder)? Yes / No

Please indicate any other information you feel would be helpful to us in evaluating the student.

EXTRA SERVICE

Before Care: ___ After care: ___

** If you want bring your child who is under 3 years before 7:00am, then Before Care fee will be charged.