Solace Africa

CHILD ENROLLMENT FORM

The information requested by Management on this form may constitute personal and health information

Child Information

Child's Surname/s: _____ Child's Given Name/s: _____

Child's Former/Other Name/s: _____ Gender **M** ☐ **F** ☐

Date of Birth: ____ / ____ / ____ Place of Birth: _____

Child NIN: _____

Address: _____ Current Residence: _____

Post Code: Home Phone: _____

Religion: _____ Primary Language: _____ Cultural Background: _____

Is there anyone who is prohibited from having contact with or collecting the child?

(Please provide us with any details): _____

Parent/Guardian

Given Name/s: _____ Family Name/s: _____

Date of Birth: ____ / ____ / ____

Home Telephone No: _____ Mobile: _____

Address: _____

(Write "AS ABOVE "if same as above)

Name &Address of Employer: _____

Work Telephone No: _____ Email address: _____

Occupation: _____

ID NO: _____

Medical Details

Is your child on regular medication? YES ☐ NO ☐

If yes, give details:

Is your child asthmatic? YES ☐ NO ☐

Is your child allergic to anything? YES ☐ NO ☐

If yes, give details:

Is there any other information you wish us to know about your child? _____

"Delivering Children from Poverty Through Education"

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Additional Needs

Does your child have any additional needs/ongoing disability? Yes ☐ No ☐

Note: If your child has been assessed, please provide DETAILED documentation in relation to the assessment to assist us in planning for your child's individual needs;

Physical Condition		Behavioural Condition		Emotional Condition	
☐ **Good**	☐ Not Good	☐ Good	☐ Not Good	☐ Good	☐ Not Good
Gifted/Talented		**Speech**		**Hearing**	
☐ **YES**	☐ NO	☐ Good	☐ Not Good	☐ Good	☐ Not Good
Autism		**Learning**		**Disability (PWD)**	
☐ **NO**	☐ YES	☐ Good	☐ Not Good	☐ NO	☐ YES

Other (please specify)

Please give details of your child's additional needs:

_____

Please detail any additional services/ agencies you are accessing to meet these needs:

_____

I give permission for the organisation to access appropriate agencies to assist my child's additional needs as required. Yes ☐ No ☐

Emergency Details

Child's Doctor: _____

Address: _____

Phone No: _____

Release child to Doctor? YES ☐ NO ☐

Religious Requirements in case of Accident:

Other Comments:

Signature: _____ Date: ____ / ____ / _____

ii. Our current policy is that **each minor accident is recorded** and that guardians are informed. At this time the minor accident register is signed by a parent as an indication that they have been informed of the minor accident. An incident/injury form is completed for all injuries. Guardians are contacted for all injuries other than a minor accident.

Signature: _____ Date: ____ / ____ / _____

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Photographs and/or Videos

I (name) _____ authorize the staff of the organisation to take photographs and/or videos of (child's name): _____

(Please indicate your preference below)

To communicate visually the children's activities while at the organisation including in newsletters.

To use for promotional purposes or fundraising outside the organisation (e.g. website, flyers etc.)

Signature: _____ Date: ____ / ____ / _____

OFFICE USE ONLY

Date: ____ / ____ / _____

a)	Immunisation Record copy received:	YES	☐	NO	☐
b)	Guardian National ID copy or NIN received:	YES	☐	NO	☐
c)	Child National ID copy or NIN received:	YES	☐	NO	☐
d)	Child Birth Certificate received:	YES	☐	NO	☐
e)	Enrolment form Signed and all area's checked:	YES	☐	NO	☐
f)	Initial Deposit received from Guardian:	YES	☐	NO	☐
g)	Child Academic Term Report Card received:	YES	☐	NO	☐

I hereby confirm that I am the parent/guardian of the child and I wish to give the organisation authentication for the purpose of enrolling/updating the information of the child.

I hereby confirm that the information/documents submitted are correct to the best of my knowledge and belief and at any point of time if any of the said information is found to be incorrect/fraudulent/false legal action may be initiated against me, as per the laws of the republic of Uganda.

Name: _____

Signature: _____ Date: ____ / ____ / _____