

DOLLY MEMORIAL CRECHE AND NURSERY SCHOOL

P.O. BOX AN5624, ACCRA-NORTH

TEL. 0302-772655, 0572716552 Email: info@dollymemschool.com

2020-2021 REGISTRATION FORM



YOUR CHILD IS HAPPIER WITH US!!

Registration No.: DMCNS _____

(Type or Print in Block Letters)

Name of Child _____
Surname Other Names First Name

Date of Birth _____ Age _____

Gender _____ Nationality _____ Religion _____

Previous Schools (if any) _____

FATHER OR GUARDIAN

MOTHER

.....
Surname Other Names First Name

.....
Surname Other Names First Name

Profession _____

Place of Employment _____

Office Tel. No(s) _____

Home Tel. No. _____

Mobile No. _____

Residential Address _____

Postal Address _____

Does your child have any special medical needs? _____

Is your child physically challenged or visually impaired? _____

If yes, specify impairment. _____

Does your child have any learning disability? _____

Date of Application _____

Signature of Parent / Guardian _____