

**LITTLE ANGELS NURSERY & PRIMARY SCHOOL – NTUNGAMO**

**REGISTRATION FORM**

1. **PARENT**
2. **Name……………………………………………………………………………………………………………………………**
3. **Physical Address………………………………………………………………………………………………………….**
4. **Telephone Contact……………………………………………………………………………………………………….**
5. **Email Address……………………………………………………………………………………………………………….**
6. **Number of Children you have………………………………………………………………………………………...**
7. **CHILD**
8. **Name……………………………………………………………………………………………………………………………………**
9. **Date Of Birth………………………………………………………………………………………………………………………..**
10. **Gender ……………………………………………………………………………………………………………………………….**
11. **Birth Position……………………………………………………………………………………………………………………..**
12. **Is the child fully immunised?................................................………………………………………………..**
13. **Does he/she have any health complications?..............specify…………………………………..**
14. **Personal doctor & Address…...………………………....………………………………………………………….**

**……………………………………………. ………………………………………**

**Parent’s signature Date**