



226 Churchill Drive, Marlborough, Harare

0774 531 068 / 0242(309100)

ADMISSION FORM

Full name of child: _____

Date of birth: _____ Age: _____ Sex: _____

Home address: _____

ECD centre attended _____

Father / Legal Guardian 1: _____

ID Number _____

Relationship to child _____

Home address _____

Owned _____ Rented _____

Company & Address of work: _____

Profession: _____ Email _____

Business Tel. No.: _____ Mobile No. _____

Mother / Legal Guardian 2: _____

ID Number _____

Relationship to child _____

Home address _____

Company & Address of work: _____

Profession: _____ Email _____

Business tel. No.: _____ Mobile No. _____

Marital status of parents/Guardian _____

Who lives with the child: _____

Home language: _____

How many children in the family: _____ Ages _____

Position of child in the family _____

Who is responsible for fees payment _____

Schools attended by siblings: _____

Signature of parent _____ Date _____