



DATE: _____

INSERT
PASSPORT
PICTURE

SCHOOL ENROLLMENT REGISTRATION FORM

NAME OF WARD: _____ DATE OF BIRTH: _____
PREFERRED NAME: _____ SCHOOL: _____
GENDER: _____ HOMETOWN: _____

HOME ADDRESS: _____

HOME NUMBER: _____

CITY AND REGION: _____

MOBILE NUMBER: _____

P.O.BOX: _____

EMAIL: _____

PARENT / GUARDIAN DETAILS 1

NAME: _____

RESIDENCE: _____

IDENTIFICATION NUMBER: _____

MOBILE NUMBER: _____

AGE / PLACE OF WORK: _____

EMAIL: _____

Please use either voters ID, Ghana Card, Passport or SSNIT as mode of identification

PARENT / GUARDIAN DETAILS 2

NAME: _____

RESIDENCE: _____

IDENTIFICATION NUMBER: _____

MOBILE NUMBER: _____

AGE / PLACE OF WORK: _____

EMAIL: _____

Please use either voters ID, Ghana Card, Passport or SSNIT as mode of identification

EMERGENCY CONTACT INFORMATION

NAME: _____

RESIDENCE: _____

IDENTIFICATION NUMBER: _____

MOBILE NUMBER: _____





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AGE / PLACE OF WORK:		EMAIL:	
NEXT OF KIN 1 Please use either voters ID, Ghana Card, Passport or SSNIT as mode of identification			
NEXT OF KIN 2			
NAME:		RESIDENCE:	
IDENTIFICATION NUMBER:		MOBILE NUMBER:	
AGE / PLACE OF WORK:		EMAIL:	
Please use either voters ID, Ghana Card, Passport or SSNIT as mode of identification			
MEDICAL INFORMATION			
KNOWN ALLERGIES:		DEVELOPMENTAL CHALLENGES:	
ANY MEDICAL CONDITION/DISABILITY:		PREVIOUS MEDICAL CARE RECEIVED:	
MEDICATIONS ON:		ANY RESTRICTIONS (DIETARY/ENVIRONMENTAL,ETC.):	
NAMES OF POSSIBLE PERSONS TO PICK WARD UP AFTER DAILY SESSIONS:			
NAME	RELATION TO WARD	PHONE NO.	IDENTIFICATION NUMBER





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TRANSPORTATION INFORMATION

Please use either voters ID, Ghana Card, Passport or SSNIT as mode of identification

TICK AND SIGN BY ACTIVITIES AND SERVICES YOU WANT CHILD TO RECEIVE

ARTS AND CRAFTS:

OCCUPATIONAL THERAPY:

ACADEMIC WORK:

SPEECH THERAPY:

WATER PLAY/SWIMMING:

PHYSICAL THERAPY:

MUSIC AND DANCE:

BEHAVIORAL THERAPY:

MULTI-SENSORY PLAY:

SENSORY INTEGRATION:

ANY OTHER:

AGREEMENT AND CONSENT FORM

CONSENT POINTS	NAME OF BOTH PARENTS/ GUARDIANS	SIGNATURE
I certify that all the information provided in this form is accurate.	1.	1.
	2.	2.
I consent to my child being engaged in activities and services ticked and signed by above.	1.	1.
	2.	2.
I will pick up my ward each week day by 2pm after daily sessions. I will inform SENA Pediatric Therapy Center who must collect ward from center each day.	1.	1.
	2.	2.

AGREEMENT AND CONSENT FORM CONTINUED

I give permission for photos and videos of my ward to be posted	1.	1.
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on social media platforms and websites	<u>2.</u>	2.
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- *You are required to consent to all points in **bold** font. Non-required consent points are documented in “no bold” font. Attach one passport sized picture of ward, copies of identification cards of parents/guardians, child and next of kin. Attach any medical reports if available.
- You are expected to pay a non-refundable tuition fee of for the duration of one term. You are required to make a 70% initial deposit and 30% by the last week of the second month of the term.
- School sessions begin on the
- While your child is at SENA Pediatric Therapy Center, registration and consent form will be kept on file and activities and services would be offered based on information provided in forms.
- At any point during the term, you can revoke some non-required consent agreements signed above.

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL AND WOULD ONLY BE DISSEMINATED AMONGST THERAPY PRACTITIONERS AND EDUCATORS WORKING DIRECTLY WITH YOUR WARD.
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PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
Name:	Name:
Tel no:	Tel no:
Date & Signature:	Date & Signature:
ID No:	ID No:

