



Curia Regis Schools
198b, Jide Oki Street, Off Ligali Ayorinde Street,
Victoria Island, Lagos
Contact lines: 08187942500, 08187943003, and 08187943006
Email: admin@kingscourtnursery.com
Website: www.kingscourtnursery.com



Enrolment Form

Child's information

Last Name _____ First Name: _____ Middle: _____

Name by which the child is known: _____

Age of Child: _____ Sex: Male Female

Date of Birth (DD/MM/YYYY): _____ Place of Birth: _____

Nationality of child: _____
(if child is a foreign national, please provide copy of child's International Passport)

If Nigerian, State of Origin: _____ Religion: _____

Residential Address of child: _____

Parent Information

Father's Name: _____

Mother's Name: _____

Nationality: _____

Nationality: _____

Residential Address: _____

Residential Address: _____

Business Name & Address: _____

Business Name & Address: _____

Telephone #s: _____

Telephone #s: _____

Email address: _____

Email address: _____

BBM Pin (optional): _____

BBM Pin (optional): _____

Marital Status of Parents: Married Separated Divorced Widowed

Others (Specify) _____

(If divorced or separated please provide legal document stating custody arrangement for child)

Who will pay school fees and other expenses? _____

School Attended during the last year (*where applicable*): _____

Proposed month of resumption at Curia Regis: _____

Does the child have siblings at Curia Regis? Yes No

If yes, please indicate name and class of siblings below:

Name: _____ Name: _____

Class: _____ Class: _____

Emergency Contact in the event that parents cannot be reached

1. Name: _____

Address: _____

Cellphone #: _____ Business # _____

2. Doctor's name: _____

Name and Address of Hospital: _____

Telephone #s: _____ Hospital _____

Hospital Card #: _____

Note: A non-refundable registration fee will be charged for each application, due to be paid at the time of picking up the form. All applications must be accompanied by a copy of the child's birth certificate and two recent passport photos.

Please note that school fees and other levies once paid are not refundable.

Attestation: I have read and accept the conditions of enrolment as stated above:

Name:

Signature:

Date:



Medical Disclosure and Health Information

- Has your child received all scheduled immunizations? Yes No
(see attached immunization schedule)
- Does your child have any diagnosed medical condition which may require additional support? Yes No

If yes please provide details including the nature of the condition and management:

- Does your child have a diagnosed disability? Yes No
(E.g. physical/ hearing/ vision impairment/ autism/ speech and language impairment/ attention deficiency)

If yes please provide details including the nature of the condition and management:

- Is your child toilet trained? Yes No
- Are you toilet training your child right now? Yes No
- Is this your child's first time in a childcare centre? Yes No

Declaration: Should my child need emergency medical care, the school should first attempt to contact me or my emergency contact. In the event that we are both unreachable, I hereby authorize Curia Regis School Head of School or the school nurse to do whatever she considers is the best interest of my child. This may include administering first aid and/or giving a fever reducing drug.

Name:

Signature:

Date:



Enrolment Procedure and Requirements

1. Pick up a registration Form after the payment of 10,000.00 registration fees.
Registration forms are also available on our website www.kingscourtnursery.com. Payment must be made when forms downloaded online are handed in.
2. Return Completed Form with the following;
 - a. Two passport photographs of child
 - b. Photocopy of Immunization record
 - c. Photocopy of birth certificate
 - d. Medical report from the child's hospital certifying that your child is medically fit to be admitted into the school. (A template is available online or in school. This can be taken to the hospital for the doctor's signature and the hospital stamp)
3. Make an appointment for interview or assessment. Both parents are required to attend the interview.
4. The Crèche/Playgroup or Nursery School Policies will be provided upon payment of registration fee to enable prospective Parent review the policy. Parents are expected to sign the acceptance page of the policy indicating understanding and accepting of the School's policy. The acceptance page **must** be submitted along with the other enrolment documents before the child can allowed to resume.

Recommended Paediatric Immunization Schedule for Lagos State, Nigeria

Age	Immunization	Protection Against
Birth	BCG, 1 st OPV, 1 st Hep.B	Tuberculosis, Polio, Hepatitis (Liver Infection)
6 Weeks	1 st DPT, 2 nd OPV	Diphtheria, Tetanus, Whooping Cough, Polio
8 Weeks	2 nd Hep.B, 1 st HIB	Hepatitis B, Meningitis, Pneumonia, Epiglottis Specimen
10 Weeks	2 nd DPT, 3 rd OPV	Diphtheria, Polio
12 Weeks	2 nd HIB	As Above
14 Weeks	3 rd DPT, 4 th OPV	Diphtheria, Polio
16 weeks	3 rd HIB	As Above
6 months	3 rd Hep.B	Hepatitis (Liver Infection)
9 Months	Measles	Measles
15-18 Months	MMR	Measles, Mumps and Rubella
From 2 years	Yellow fever	Yellow fever
5-6 Years	Booster DPT	Polio, Tetanus, Rubella
10-12 years, 16 years	OPV, HIB DT	Yellow fever (for non-immunized girls)
Booster Doses		
After 6 months	2 doses of HIB	
After 1 year	1 dose of HIB	
After 2 years	Typhim vi Typhoid	



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Medical Report Form

Hospital Name: _____

Address of Hospital: _____

Phone numbers: _____

Name of Child: _____

I hereby confirm that the above named child is physically fit to attend school. He has no known medical impairments that would prevent him from functioning in a school environment normally. All his immunizations are up to date.

Thank you.

Doctor's Name:

Signature:

Date:

Hospital Stamp: