



## **EXCEL ACADEMY PRE-SCHOOL & DAY CARE CENTER**

## Kemp Road Nassau, Bahamas

Telephone #: 393-5932/393-8872

Child's Name:						
Date of Birth:		Age:	Gender: (M)(F)			
Enrollment: Day Care: ( )		Pre-School: ( )				
Mother's Name:						
Home Address:			House #			
Phone #: (h)	(c)		(w)			
Place of Employment:						
Email Address:						
Father's Name:						
Home Address:			House #			
Phone #: (h)	(c)		(w)			
Place of Employment:						
Email Address:						
			CY (other than the parents)			
Name:	Relationship:					
Phone #: (h)	(c)		(w)			
Name:	Relationship:					
Phone #: (h)	(c)		$(\mathbf{w})$			

## **MEDICAL HISTORY**

Does the child have any fo	od allergies or medic	cal illness Y	es ( )	No ( )				
If11'/1't-								
If yes, please explain/list:								
				_				
Are there any physical disa If yes, please explain/list:	, -	-	ent, etc.?) Yes	s() No()				
Is the child fully immunize	ed?							
Doctor's name:	Phone #:							
	•••••	•••••	•••••					
	Persons a	authorized to co	llect child					
Name:	Phone contact:							
Name:	Phone contact:							
Name:	Vame: Phone contact:							
			tion for					
to attend Excel Academy F	re-school/Day Care	Center.						
_	participate in field tri er will not be held lia	ps if tuition and/o	or fees are not paid or loss of persona	My child (ren) will not be d in advance. Excel Academy al belongings that is not a part				
Furthermore, after I have realso give the school permis			*	•				
Parent/guardian's name	Date	Parent/guard	ian's signature	Date				
	0.7							
	Fees	FICIAL USE ON Amount Paid	Balance Due	コ				
	Registration fee	Amount Pald	Balance Due	$\dashv$				
	Day Care fee			-				
	Pre-school fee			7				
	P.E. uniform			7				
	Insurance Fee			7				
	K4 books							
	K3 books							