

House 1 BLOCK NG2 KNOWLEDGE COURT ESTATE, GALADIMAWA

DETAILS OF SCHOOL FEES

| CLASS/PROGRAM | AGE | REGISTRATION FEE | FEES PER TERM | FEES PER MONTH | BOOKS | TOTAL |
|-----------------------------|---------------|------------------|---------------|----------------|----------|---------|
| CRECHE | 3 - 18 MONTHS | 10,000 | 150,000 | 50,000 | N/A | 160,000 |
| PLAYGROUPE | 1.5 -2 YEARS | 10,000 | 150,000 | N/A | 10,000 | 170,000 |
| PRE-SCHOOL | 2 - 3 YEARS | 10,000 | 150,000 | N/A | 10,000 | 170,000 |
| PRE-KINDEGARTEN | 3-4 YEARS | 10,000 | 150,000 | N/A | 20,000 | 180,000 |
| KINGARTEN | 4-5 YEARS | 10,000 | 150,000 | N/A | 25,000 | 185,000 |
| AFTER SCHOOL CARE | 3-12 YEARS | 10,000 | 120,000 | 40,000 | Optional | 130,000 |
| COMMON ENTRANCE PREPARATION | 9 -12 YEARS | 10,000 | 150,000 | 50,000 | Optional | 160,000 |
| YOUNGSTARS CLUB | 3-12 YEARS | 5,000 | 55,000 | 20,000 | Optional | 60,000 |

ALL CLASSES CLOSE AT 1.30PM MONDAY – FRIDAYS

AFTER SCHOOL CARE STARTS AT 2:00 PM – 5:00 PM WITH EXTRA FEE

FEES FOR EACH PROGRAM ARE DUE BEFORE FIRST DAY OF RESUMPTION

CCTV MONITORING SUBSCRIPTION IS AVAILABLE

THESE COSTS ARE NON-REFUNDABLE.

OTHER COSTS TO BE PAID WITH FEES

| | |
|--|---------------|
| ➤ REGISTRATION FEES(NEW STUDENTS ONLY) | 10,000 |
| ➤ SATURDAY PARENTS DROP OFF& PICK-UP (OPTIONAL) 9AM -3PM | 5,000 |
| ➤ YOUNGSTARS CLUB (OPTIONAL) | 20,000 |

ACCOUNT NAME: K-PRAIZ MONTESSORI ACADEMY (K-Praiz Fun Place)

ACCOUNT NUMBER:Acct. # - 1018380586

BANK NAME:UBA PLC

HOLIDAY PROGRAM

REGISTRATION FORM

CHILD INFORMATION

Please complete one form for each child requiring admission

(Kindly attach child's passport)

Creative Hands **Coding, Web Dev & Animation**

Please indicate PROGRAM of interest

Surname: _____ First Name: _____ Middle Name: _____

Sex: Male Female Date of Birth: _____

Home Address: _____

PARENT / GUARDIAN INFORMATION

Name of Parent/Guardian

Mr. / Mrs. /Ms _____

(Kindly Include/specify title.g Mr., Mrs., Dr...)

Mobile Phone: Father: _____ Mother _____

Home Phone _____ Email Address: _____

Home Address: _____

Relationship to Child: _____

EMERGENCY CONTACT

Contact Name: _____

Phone Number: _____

HEALTH RECORDS

Has he/she suffered from any of the ILLNESS in the past? Please tick and include dates

Measles Chicken-Pox Whooping Cough Rubella

Please tick the VACCINATIONS already given to the child with dates.

Small pox Measles Polio Tetanus

BCG Yellow Fever Hepatitis B Typhoid DPT

Cholera MMR Meningitis

Please tick below if your child/ward suffers from the following ailments:

Respiratory Infection? Yes / NO Eye problem? Yes / No

Any other infirmity or allergy? Yes / No

If yes, please state.....

Has the child been given any other vaccination apart from the ones stated above? Yes/NO. If yes, please state type.....

Has the child ever undergone any surgical operation? If yes, state year, type of operation and attach surgical report.....

Signature of Parent/Guardian

Date