



Emanuela Mazzola School

Baby class and Pre-Primary

ADMISSION FORM

Please FILL all entries

Admission No. _____

Child's Name: _____

	Father		Mother	
Name				
Physical Address				
P.O. Box				
Telephone				
Employer				
Employer Telephone				
Religion				
E-mail				
Date of Birth:	Birth Certificate Entry Number:			
Vaccinations	Date	Date	Date	Date
Poliomyelitis*				
B.C.G Injection*				
D.P.T*				
RotaVirus*				
Flu (Optional)				
Has your child had any of the following diseases?				
Whooping Cough	Mumps	Asthma	Chicken Pox	
Fits	Measles	Pneumonia		
Any other information:				
Emergency consent: It is our policy to notify a parent when a child is ill or needs medical attention. If unable to reach you, we need to get immediate help for the child. Our procedure is to take the child to Saint Joseph Hospital – Kahawa Wendani. Please sign below so that we can take appropriate action on behalf of your child.				
Father's Signature:		Mother's Signature:		
Date of Application:		Date of Admission:		