



11 Tinubu Road, Palm-Grove Estate, Ilupeju, Lagos

**Registration Form**  
(Please attach 1 passport photo)

**REGISTRATION FORM**

CHILD'S PERSONAL INFORMATION		MEDICAL INFORMATION	
Name:		Allergies:	
Date of Birth:	Age:	Breathing challenge/difficulty?	
Home Address:		Genotype:	Blood Group:
Has the child previously been in school? Yes or No		Immunization:	
If yes, state the name of the school and previous class		Any other medical information	

**PARENTS' CONTACT INFORMATION**

**Father**

Name

Employer's Address:

Tel. No (Landline/Work):                      Tel. No (Personal Mobile):

Email:

**Mother**

Name

Employer's Address:

Tel. No (Landline/Work):                      Tel. No (Personal Mobile):

Email:

**EMERGENCY CONTACT (A CONTACT OTHER THAN THE PARENT)**

Name    Tel. No(s):

Relationship to Child:

**STUDENT'S MEDICAL CONTACT**

Name of Doctor:

Address of Clinic/Hospital:

Tel. No (Doctor):                                      Tel. No (Clinic):

**\*\* Hopscotch does not employ a full-time nurse, but the school has an arrangement with Grace Medical Center, Ilupeju**

I confirm that the information that has been provided above is true and accurate and that it is my responsibility to ensure that the information is current.

Signature of Parent/Legal Guardian:

Name of Parent/Legal Guardian:                      Date:

I confirm that my child is permitted to join the school swim squad which I understand it is open to all abilities of swimmers. I undertake to provide appropriate swimwear (one piece suit for girls and a pair of shorts for boys) a towel and armbands for each coaching session.

Signature ..... Date: .....

**NB: An extra set of clothes must be provided on Soccer and Swimming days, please**