



REGISTRATION FORM

PASSPORT

PERSONAL INFORMATION

NAME:

SEX:

AGE:

CLASS:

ADDRESS:

PHONE NO:

DATE OF BIRTH:

SCHOOL:

HOBBIES:

PARENTS/GUARDIAN INFORMATION

PARENT/GUARDIAN 1

HOME ADDRESS:

WORK ADDRESS:

PHONE NO:

EMAIL:

EMERGENCY NO 1:

EMERGENCY NO 2:

RELATIONSHIP:

PARENT/GUARDIAN 2

HOME ADDRESS:

WORK ADDRESS:

PHONE NO:

EMAIL:

EMERGENCY NO 1:

EMERGENCY NO 2:

RELATIONSHIP:

HEALTH INFORMATION

BLOOD GROUP:

GENOTYPE:

ALLERGIES:

DOCTORS NO:

TREATMENT:

ACTIVITIES

Tick activity of choice

HAIR MAKING:

BEAD MAKING:

BAKING:

DANCE:

GRAPHIC DESIGN:

PHOTOGRAPHY:

SEWING:

ALL PAYMENTS TO: 6172756368 - Oyelami Jesulayomi - Fidelity Bank

ENQUIRIES: 08107200593