LILIFEE DAYCARE

Opp. Naivas Bamburi Nrb Estate Hs no 15 P.O Box 85944 - 80100 Mombasa Kenya
Phone no: 0791754355/0787952695 Email: lilifeedaycare@gmail.com

ADMISSION FORM

1. CHILD INFORMATION

i. **Name**.....
ii. Date of Birth .....
iii. Gender .....
iv. Age .....
v. Existing Medical Conditions.....
vi. Allergies .....

2. GUARDIAN INFORMATION

i. Name.....
ii. Email.....
iii. Phone number.....
iv. Relationship to Child.....
v. Address.....
vi. Copy of Birth Certificate
vii. Copy of National Identity card (ID).

3. WHICH GUARDIAN SHOULD BE CALLED FIRST?

Emergency Contact Information

i. Name .....
ii. Phone .....
iii. Email.....
iv. Relationship to child .....

4. AUTHORIZED PICK-UP LIST

i. .....
ii. .....
iii. .....

5. PEDIATRICIAN INFORMATION

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6. PREFERRED HOSPITAL

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7. DDITIONAL COMMENTS

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Social Media ☐ Yes ☐ No

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Guardian Signature