



KEFJOY ACADEMY

Ongata Rongai, Kingdom Hall Road

P.O Box 4251, Nairobi 00100

Email: info@kefjoyacademy.sc.ke

Tel. 0722615823, 0722720118

Registration Form

Child's Name _____

Date of Birth _____ Birth certificate entry No _____ (Attach copy of birth certificate)

Sex _____ Nationality _____

Religion _____ Child's conversant language of communication _____

Proposed Date of Entry _____

Have you ever registered your child at any other school, if so which? _____

Father's Name _____ ID No _____

Home County _____ Home Sub-county _____

Occupation _____ Tel/Mobile Nos. _____

Address _____ Email address _____

Mother's Name: _____ ID No. _____

Home County: _____ Home Sub- County _____

Occupation _____ Tel/Mobile _____

Address _____ Email Address _____

Guardian's Name _____ ID No. _____

Tel/Mobile No. _____ Email Address _____

Please write the names of any other family members that may attend the institutions functions, or pick your child if needed.

Name _____

Relationship _____ Tel/Mobile No. _____

Please indicate how you came to know Kefjoy Academy:

1. Local Reputation 2. Friends 3. Advertisement – fliers 4. Facebook 5. Website 6. Other (*give details*)

Please state your child's siblings' school:

Name	Age	Current School

Please indicate any of your child's talent (artistic, dramatic, musical, or sporting – if applicable)

Any other hobbies or interests _____

Does your child have any medical condition? (including allergies) Yes No

If yes, please state briefly _____

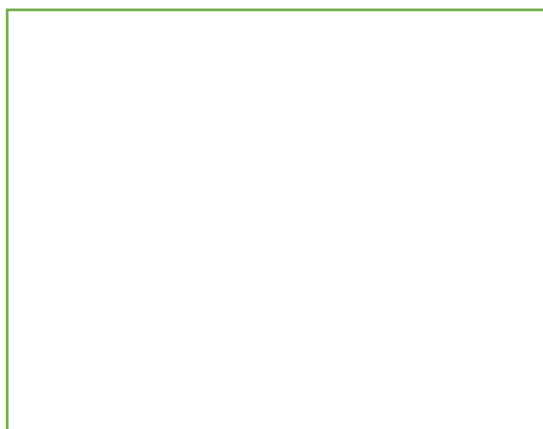
Kindly ensure you pick and fill in the **Emergency Form** from the office.

Proposed date of Entry _____

Date of Application _____

Full Names of applicant _____

Signature of Parent/ Guardian _____



Affix a passport photo

FOR OFFICIAL USE ONLY

Accepted term of entry _____

Director's Signature _____ Date _____

EMERGENCY FORM

This entire form must be completed and submitted to the Administrator. Parents are required to advise the school of any changes in health or fitness of their child whilst at the Kefjoy School.

Child's Name _____ Date of Birth _____

Father /Legal Guardian's Name _____

Work Tel _____ Mobile No. _____

Mother/Legal Guardian's Name: _____

Work Tel _____ Mobile _____

Name of person authorized to pick up the child daily (if any) _____

Relationship _____ Telephone _____

When Parents cannot be reached, list at least two people who may be called to pick up your child in case of emergency:

1. Name of person _____ Physical Address _____

Relationship _____ Telephone _____

2. Name of person _____ Physical Address _____

Relationship _____ Telephone _____

Child's Physician or Health Clinic or Hospital usually visited _____

Telephone Number _____

NOTE: In emergencies requiring immediate medical attention, your child will be taken to the nearest Hospital.