



# PUNUKA FOUNDATION CHILDCARE CENTRE

## Application Form for Enrollment

**Centre Location:** Ajayi Apata New Town Estate, Beside Fara Park Estate, Sangotedo, Lagos

**Email:** admin@punukafoundation.org | info@punukafoundation.org

**Phone:** +2347049984638

**Website:** [www.punukafoundation.org](http://www.punukafoundation.org)

## 1. Personal Information of Child

- **Full Name of Child:** \_\_\_\_\_
- **Date of Birth (DD/MM/YYYY):** \_\_\_\_\_
- **Gender:**  Male  Female
- **Nationality:** \_\_\_\_\_
- **Home Address:** \_\_\_\_\_  
\_\_\_\_\_
- **Parent/Guardian's Name(s):** \_\_\_\_\_
- **Relationship to Child:**  Parent  Guardian  Other: \_\_\_\_\_
- **Primary Contact Number:** \_\_\_\_\_
- **Alternate Contact Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

## 2. Medical Information

- Does the child have any medical conditions?  Yes  No

- If yes, please provide details:

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- Does the child have any allergies?  Yes  No

- If yes, please specify:

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- Is the child on any medication?  Yes  No

- If yes, please list medications and dosage:

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- Family Doctor's Name: \_\_\_\_\_

- Doctor's Contact Number: \_\_\_\_\_

## 3. Developmental History

- Has the child been diagnosed with a neurodiverse condition?  Yes  No

- If yes, please specify: \_\_\_\_\_

- Type of Therapy Required (Check all that apply):

- Occupational Therapy
- Speech and Language Therapy
- Behavioural Therapy
- Sensory Motor Play



- Educational Therapy
- Other (please specify): \_\_\_\_\_

## 4. Enrollment and Service Preferences

- **Enrollment Type:**
  - Weekday Boarding
  - Daily Drop-off and Pick-up (Available only for Lagos residents)
- **Will you require transportation services?**  Yes  No
  - **If yes, pickup location:** \_\_\_\_\_
- **Preferred Start Date:** \_\_\_\_\_
- **How did you hear about the centre?**
  - Social Media  Referral  Website  Other: \_\_\_\_\_

## 5. Parent/Guardian Agreement

By signing this form, I/we agree to abide by the rules, regulations, and policies of Punuka Foundation Childcare Centre, including the payment terms, attendance policy, and medical requirements. I/we confirm that the information provided in this form is accurate and complete to the best of my/our knowledge.

- **Parent/Guardian Full Name:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 6. Additional Documents Required

Please ensure you attach the following documents with your application:

- A copy of the child's birth certificate
- Medical history report
- Proof of recent medical checkup (within the last three months)



- Two passport-sized photos of the child
- Signed agreement of centre policies

## 7. Office Use Only

- **Date of Application Received:** \_\_\_\_\_
- **Documents Complete?**  Yes  No
  - If no, missing documents: \_\_\_\_\_
- **Application Approved:**  Yes  No
  - If no, reason: \_\_\_\_\_
- **Assigned Class/Therapy Group:** \_\_\_\_\_
- **Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this completed form along with the required documents to our office or email a scanned copy to [admin@punukafoundation.org](mailto:admin@punukafoundation.org) For inquiries, contact us at +2347049984638.