



REGISTRATION APPLICATION

KINDERGARTEN 2, 3, 4

HAMSTER ROAD

P.O.Box CB-11340

Nassau, Bahamas

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[WWW.THEBIGAPPLEACADEMY.COM](http://WWW.THEBIGAPPLEACADEMY.COM)

**PLEASE PROVIDE ALL INFORMATION REQUESTED**

***PERSONAL INFORMATION***

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ Year: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Previous schools attended (if any):

\_\_\_\_\_  
\_\_\_\_\_

**MOTHER'S CONTACT**

Name: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(please provide detailed directions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Work Telephone # \_\_\_\_\_

Pager/Cellular # \_\_\_\_\_

**FATHER'S CONTACT**

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(please provide detailed directions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Work Telephone # \_\_\_\_\_

Pager/Cellular # \_\_\_\_\_

***ADDITIONAL INFORMATION***

Name of person responsible for payment of fees: \_\_\_\_\_

Name of foods your child may eat if there is something he or she does not like on the daily menu:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL/EMERGENCY INFORMATION**

Responsible adult to contact if parent's can't be reached.

Name of Person: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Names of other persons authorized to pick up child from school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Telephone # \_\_\_\_\_

Current Health Status: Poor  Good  Excellent

Does your child have any medical illness or allergies? Yes  No

If the answer is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child had any serious illness, accidents or surgical operations within the past twelve (12) months? Yes  No

If the answer is yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any eye, ear, speech difficulties or physical problems?

Yes  No

If the answer is yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which childhood disease did your child have?

Chicken Pox  Mumps  Measles

Is he or she fully immunized? Yes  No

If not, shots have he/she not received? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any nervous habits? Yes  No

If the answer is yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Does he/she have any special fears (storms, the dark, insects, etc)? Yes  No

If the answer is yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Please attach a copy of your child's:

1. Birth Certificate
1. Immunization Card ( the actual card needs to be seen)
1. Passport/wallet size photo of child

If items 1 and 2 are not available, a full Medical Report will be accepted.  
We would appreciate proof of custody if parents are divorced or separated.  
Physical examinations prior to entrance into preschool are strongly encouraged.

**REGISTRATION FEE \$ 50.00 & \$10.00 INSURANCE (NON-REFUNDABLE)**

**Tuition fee:\$200.00 per month (Kindergarten 2, 3, 4)**

**(please note that school fees are non- refundable, except if it is accompanied by a doctor's slip).**

**PLEASE READ CAREFULLY**

I agree to support the objectives, rules, regulations and policies of The Big Apple Academy, and to attend scheduled PTA meetings, Open House Meetings and other necessary functions pertaining to the education of my child.

I understand that I am responsible for all tuition fees in advance as set forth by The Big Apple Academy. Furthermore, I agree to give one month's notice before withdrawing my child from your care. If no notice was given I am obligated to pay one month's tuition fee.

I give permission for my child to take part in school activities, including field trips away from the schools premises. I also understand that minor injuries can and may happen to my child while in your care ( e.g. scratches, bumps, and simple falls) and I therefore absolve The Big Apple Academy, from any liabilities to me or my child because of these simple injuries.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICAL USE ONLY**

Child's Photo     Birth Certificate     Registration Fee     Immunization Card

**Comments:** \_\_\_\_\_

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