

ROSS University Daycare

PO. Box 266 Roseau, Commonwealth of Dominica, West Indies (767) 255-6242, 255-6363



Daycare Registration Form

STUDENT'S INFORMATION

| | | | |
|-------------------------------|---------------------------------|----------------------|-----|
| First Name | Last Name | D.O.B mm/dd/yyyy | Age |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | | |
| Citizenship | | Last School Attended | |
| Siblings students lives with | | | |
| Language spoken at home | | | |

PARENT'S INFORMATION

| | | | |
|---|-----------|---------------------------------|-----------|
| Mr/Mrs/Ms/Miss/Dr | | Mr/Mrs/Ms/Miss/Dr | |
| First Name | Last Name | First Name | Last Name |
| DOMINICA ADDRESS | | Cell Phone #/Land Line # | |
| PERMANENT ADDRESS | | Cell Phone #/ Land Line# | |
| E-mail (newsletters & other communications are often sent electronically) | | Semester the parent is enrolled | |

MEDICAL INFORMATION

Does the student have any existing medical or physical condition that we should be aware of? Yes No

If yes , please provide a brief explanation. _____

Are there allergies we need to be aware of? If so, please specify _____

It is your responsibility to provide any existing medical information and any new medical information to the staff.

EMERGENCY CONTACT INFORMATION

| | | |
|------------------------|---------|-----------------------|
| Emergency Contact Name | Phone # | Relationship to child |
| Emergency Contact Name | Phone # | Relationship to child |

DECLARATION

I declare the information I have provided on this form is complete and accurate.

Signature of parent *Date*

SEMESTER FEE SUMMARY

Please identify the program you wish:

- Full time care **Ross** applicant \$600.00 USD / EC\$1,602.00 (per semester)
- Full-time care non-**Ross** applicant \$2000.00 USD / EC\$5,340.00 (per semester)

- Part time care **Ross** applicant \$300.00 USD / EC\$801.00 (per semester)
- Part-time care non-**Ross** applicant \$1000.00 USD / EC\$2,670.00 (per semester)

Indicate preference:

- Morning session
- Afternoon session

Payment is due at time of registration. Please pay Daycare staff. \$50.00 USD late penalty applies after the first of the month. US cheques have a \$10.00 processing fee.

FINANCIAL OBLIGATION

I agree to pay the fee of _____
_____ as stated in
the Semester Fee Summary above.

Signature of parent *Date*

Signature of Dayschool Representative *Date*