



CHILD ENROLMENT & REGISTRATION FORM

Daycare · Pre-Nursery · Nursery · Kindergarten 1 & 2 | Ages 0–5 Years

IMPORTANT NOTICE TO PARENTS / GUARDIANS

- This form must be completed in full — incomplete forms will not be accepted.
- Attach certified copies of: Child's Birth Certificate (RITA), Vaccination Card (Chanjo), both parents' NIDA ID cards, and one passport-size photo of the child, father and mother.
- All information collected is strictly confidential and used solely for the education, safety, and wellbeing of your child.
- This form is subject to updates whenever necessary.

SECTION 1 — CHILD'S PERSONAL INFORMATION

Child's First Name _____ Middle Name _____ Surname / Family Name _____

Preferred Name / Nickname (if any) _____ Gender ☐ Male ☐ Female ☐ Other _____

Date of Birth (DD/MM/YYYY) _____ Place of Birth (Hospital / Clinic) _____ District of Birth _____

Region of Birth _____ Country of Birth _____ Nationality _____ Religion _____

Tribe / Ethnic Group (optional) _____ Primary Language Spoken at Home _____ Other Languages _____

RITA Birth Registration Details

RITA Birth Certificate Number _____ Date of Registration with RITA _____ Registration District _____

Child's NIN (if issued by NIDA) _____ Passport Number (if applicable) _____ Passport Expiry Date _____

The Government of Tanzania (MoEVT & PORALG) requires all ECD centres to record children's RITA birth registration and NIDA details for the national ECD data system.



IVY GREENS KINDERGARTEN & DAYCARE

Changanyikeni, Dar es Salaam | Mob: +255 710 888 722 | Reg. No. 3458

CHILD REGISTRATION FILE

Form No: _____

Date Received: _____

Physical Measurements at Enrolment.

Weight (kg)	Height / Length (cm)	Head Circumference (cm)	Date Measured
_____	_____	_____	_____

Programme Enrolment Details

Enrolment Date (DD/MM/YYYY)	Programme ☐ Daycare ☐ Pre-Nursery ☐ Nursery/preschool
_____	_____

Session ☐ Morning (08:00–14:00) ☐ Full Day (08:00–16:00) ☐ Drop-In	Start Date
_____	_____

Scheduled Arrival Time	Scheduled Departure Time	Academic Year
_____	_____	_____

Previous ECD Attendance? ☐ Yes ☐ No

If Yes — Previous School / Centre Name	Years Attended	Reason for Leaving
_____	_____	_____

**SECTION 2 — FATHER / MALE GUARDIAN DETAILS**

If the child does not have a father / male guardian, skip this section and write N/A.

Full Name (as per NIDA ID)

Relationship to Child

NIDA Number (NIN) — 20 digits

Date of Birth (DD/MM/YYYY)

Nationality

Region of Origin

District of Origin

Religion

Tribe (optional)

Mobile Phone (Primary)

Mobile Phone (Secondary)

Home Phone

Email Address

WhatsApp Number (if different)

Home / Residential Address

Ward

District

Occupation / Job Title

Employer / Company Name

Workplace Phone

Workplace Address

Highest Education Level

SECTION 3 — MOTHER / FEMALE GUARDIAN DETAILS

Full Name (as per NIDA ID)

Relationship to Child

NIDA Number (NIN) — 20 digits

Date of Birth (DD/MM/YYYY)

Nationality

Region of Origin

District of Origin

Religion

Tribe (optional)



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Form No: _____

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Mobile Phone (Primary)

Mobile Phone (Secondary)

Home Phone

Email Address

WhatsApp Number (if different)

Home / Residential Address

Ward

District

Occupation / Job Title

Employer / Company Name

Workplace Phone

Workplace Address

Highest Education Level

Custody / Family Status
Other

☐ Both Parents

☐ Mother Only

☐ Father Only

☐ Legal Guardian

☐

If Other — describe custody arrangement

**SECTION 4 — LEGAL GUARDIAN DETAILS (IF DIFFERENT FROM PARENTS)**

Complete this section only if the primary guardian is not the child's biological parent.

Full Name (as per NIDA ID) _____ Relationship to Child _____

NIDA Number (NIN) _____ Date of Birth (DD/MM/YYYY) _____ Nationality _____

Mobile Phone (Primary) _____ Email Address _____ WhatsApp Number _____

Home Address _____ Ward / District _____

Legal Basis of Guardianship ☐ Court Order ☐ Adoption ☐ Family Agreement ☐ Death of Parents ☐ Other _____

Court Order / Document Reference Number (if applicable) _____ Date of Order _____

SECTION 5 — EMERGENCY CONTACTS

Provide at least TWO emergency contacts who are NOT the primary parents/guardians.

Emergency Contact 1

Full Name _____ Relationship to Child _____ NIDA Number _____

Mobile Phone (Primary) _____ Mobile Phone (Secondary) _____ Home Phone _____

Authorised to Collect Child? ☐ Yes ☐ No

Emergency Contact 2

Full Name _____ Relationship to Child _____ NIDA Number _____

Mobile Phone (Primary) _____ Mobile Phone (Secondary) _____ Home Phone _____



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Authorised to Collect Child? ☐ Yes ☐ No

Emergency Contact 3 (Optional)

Full Name	Relationship to Child	NIDA Number
_____	_____	_____
Mobile Phone (Primary)	Mobile Phone (Secondary)	Home Phone
_____	_____	_____

Authorised to Collect Child? ☐ Yes ☐ No

Persons Prohibited from Collecting Child

List any person who is NOT permitted to collect your child under any circumstances. Include a copy of any court order if applicable.

Full Name	Relationship	Reason / Court Order Ref.
_____	_____	_____
Full Name	Relationship	Reason / Court Order Ref.
_____	_____	_____

**SECTION 6 — MEDICAL & HEALTH INFORMATION****Healthcare Provider**

Doctor / Physician Name	Clinic / Hospital Name	Phone
_____	_____	_____
Clinic / Hospital Address	District	NHIF/Any Card No.
_____	_____	_____
Health Insurance Provider	Insurance Policy Number	Policy Expiry Date
_____	_____	_____

Allergies**Does your child have any known allergies?** ☐ No ☐ Yes — specify below

Food Allergies (list all)	Reaction Description
_____	_____
Drug / Medication Allergies	Reaction Description
_____	_____
Environmental Allergies (dust, pollen, insect, etc.)	Reaction Description
_____	_____

Does your child carry an EpiPen / emergency medication? ☐ Yes ☐ No *If yes, provide the medication and storage instructions to staff.***Does your child wear a MedicAlert bracelet or necklace?** ☐ Yes ☐ No

If Yes — MedicAlert ID Number	Condition Indicated
_____	_____

Medical Conditions & Special Health Needs**Does your child have any diagnosed medical condition?** ☐ No ☐ Yes — specify below**Condition(s) diagnosed and date of diagnosis:****Has your child had any surgery?** ☐ No ☐ Yes — specify below



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Surgery type and approximate date:

Current Medications

Is your child currently taking any medication? ☐ No ☐ Yes — complete the table below

Medication Name	Dosage	Frequency	Time of Day	Prescribing Doctor

Medication Administration Policy

- Ivy Greens staff may NOT administer any medication without a signed written Parental Medication Authorisation Form.
- All medications must be in original, labelled packaging — no loose tablets or unmarked containers.
- Emergency medication (e.g. EpiPen) must be provided to the Centre Manager on the first day with clear written instructions.



SECTION 7 — TANZANIA EPI IMMUNIZATION RECORD

MANDATORY REQUIREMENT

- No child may attend Ivy Greens without an up-to-date immunization record (Chanjo / Vaccination Card).
- A certified copy of the Tanzania Chanjo Card must be attached to this registration form.
- If your child's immunizations are not up to date, please visit your nearest health facility before enrolment.

Attach original or certified copy of the Chanjo (vaccination) card.

Health Facility / Clinic where vaccinations were administered

District / Region

Next scheduled vaccination

Date Due

Vaccine

SECTION 8 — CHILD'S DEVELOPMENTAL & SOCIAL PROFILE

This information helps our teachers build a warm, personalised relationship with your child from day one.

Physical & Self-Care

Is your child toilet trained? ☐ Fully trained ☐ In progress ☐ Not yet

If not yet — how does your child indicate the need to use the toilet?

Does your child need help during toileting routines? ☐ No ☐ Yes — describe briefly below

Toileting assistance needed:

Does your child take part in regular outdoor physical activity? ☐ Yes ☐ No ☐ Sometimes

Does your child have any physical disabilities or movement limitations? ☐ No ☐ Yes — specify
If Yes — describe:

Social & Emotional Development

Does your child play with children outside the family? ☐ Yes ☐ No ☐ Sometimes



Describe your child's social style (e.g. outgoing, shy, leader, observer, etc.):

Does your child have any particular fears or anxieties? Describe:

How does your child typically handle frustration or disappointment?

Do changes in routine or surprises upset your child? ☐ Yes ☐ No ☐ Sometimes

Has your child experienced any significant recent life changes (e.g. new sibling, house move, loss of loved one)? Please describe:

Speech & Language

How would you describe your child's language development? ☐ Age appropriate ☐ Advanced for age

☐ Delayed — receiving support ☐ Delayed — not yet assessed

Languages spoken at home

Languages child speaks

Language child prefers

Does your child receive speech therapy? ☐ Yes ☐ No

If Yes — Therapist Name

Frequency

Phone

Learning & Special Educational Needs

Has your child been assessed for any learning difficulty or developmental delay? ☐ No ☐ Yes — specify below

Assessment results / diagnosis and support currently received:

Has your child attended any form of therapy or specialist support? ☐ No ☐ Yes — describe

Type of therapy / support and provider:



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Family & Home

Number of siblings

Child's position in family (e.g. 1st born)

Primary caregiver at home

Sibling Name

Household pets? ☐ No ☐ Yes — list below

Pet type(s) and name(s)

Any other information about your child that will help us understand and support them better:



SECTION 9 — DIETARY INFORMATION

Does your child have any special dietary requirements? ☐ No ☐ Yes — specify below

Diet type ☐ Omnivore (all foods) ☐ Vegetarian ☐ Vegan ☐ Halal ☐ Kosher ☐ Other

Foods your child CANNOT eat (allergy or religious restriction):

Foods your child dislikes or refuses:

Foods your child particularly enjoys:

Any nutritional concerns or notes for kitchen staff:

Meals Policy

- Ivy Greens provides freshly prepared, nutritious meals and snacks.
- Food from home is NOT permitted unless a written arrangement has been agreed with the Centre Manager in advance.
- Children with severe food allergies will be served specially prepared meals — please ensure allergy details are complete and accurate.

SECTION 10 — TRANSPORT ARRANGEMENTS

Will your child use Ivy Greens school transport? ☐ Yes — apply below ☐ No — own arrangement

Transport type required (if applicable) ☐ Return (to & from school) ☐ Drop only (to school) ☐ Pick up only (from school)

Pick-up Address (if using school transport)

Ward / Area

Nearest Landmark for Pick-Up

Drop-off Address (if different)

Transport Fees: Return Trip — TZS 300,000/term | Single Trip — TZS 190,000/term. quarterly. Paid to NBC Bank, Branch: Samora, A/C: 012172000364.



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SECTION 11 — FEE SCHEDULE & PAYMENT DETAILS

Programme / Session	Time	Per Quarter (TZS)	Notes
Morning Session (3yrs & 4yrs)	08:00 AM – 02:00 PM	550,000	Meals inclusive
Full-Time Care (regardless of age)	08:00 AM – 04:00 PM	750,000	Meals inclusive
Toddler Care (2 years)	08:00 AM – 02:00 PM	650,000	Meals inclusive
Toddler Care (1.5 year to 1.11year)	08:00 AM – 02:00	750,000	Meals inclusive except for baby formular, wipes or any special baby food
Infant Care (6months – 1.4months)	08:00AM – 02:00/04:00 PM	1,000,000	Meals inclusive except for baby formular, wipes or any special baby food
After School Programme	01:30 PM – 05:00 PM	360,000	
Drop-In / Unscheduled (Member)	Per day / up to 8 hrs	40,000	
Drop-In / Unscheduled (Non-Member)	Per day / up to 8 hrs	45,000	
Drop-In / Unscheduled (Foreigner)	Per day / up to 8 hrs	60,000	
Late Pick-Up Charge	Per hour after closing	10,000	Charged per hour

Registration Fee	Membership Fee	Stationery (per year)	Admission Fee
FREE	TZS 150,000	TZS 75,000	TZS 30,000

Caution Money (annual)	Quarter Payment Schedule	Payment Method	Late Fee
TZS 25,000	Jan–Mar / Apr–Jun / Jul–Sep / Oct–Dec	Bank Transfer ONLY — no cash	TZS 10,000/hr per hour

Payment Bank Details

SCHOOL FEES — CRDB Bank	TRANSPORT FEES — NBC Bank
Branch: Mlimani City Account No: 0150000E2ML00 Account Name: IVY Greens Daycare	Branch: Samora Account No: 012172000364 Account Name: IVY Greens Daycare



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School Uniform

Item	Unit Cost (TZS)	Qty Ordered
School Sweater	35,000	
Vest coat	30,000	
School Shirt	13,000	
Girls' Kaki Skirt (Short)	28,000	
Boys' Kaki Shorts	25,000	
Sports Shorts (Boys & Girls)	25,000	
T-Shirt (Red)	15,000	
T-Shirt (White)	25,000	
Tie	10,000	
Socks (2 pairs)	5,000	
Uniform Package (2 sets school + 1 sport)	185,000	



SECTION 12 — PARENTAL CONSENTS

12A — Medical Emergency Consent

- I hereby give consent for Ivy Greens Kindergarten staff to seek emergency medical attention for my child in the event that I cannot be reached in a timely manner.
- I understand that staff will always attempt to contact the primary parent/guardian and emergency contacts before seeking medical care.
- I authorise the attending physician to take necessary action to treat my child in an emergency.

Parent / Guardian Name (Print)

Signature & Date

12B — Field Trip & Off-Site Activity Consent

- I hereby give permission for my child to participate in all field trips, excursions, and supervised off-site activities organised by Ivy Greens Kindergarten.
- I understand that all activities are planned, risk-assessed, and supervised by qualified staff.
- If I do not wish my child to attend a specific trip, I must notify the Centre in writing at least 5 working days in advance and arrange alternative care.

Parent / Guardian Name (Print)

Signature & Date

12C — Photography & Media Consent

- I give permission for my child to be photographed and/or recorded during school activities for Ivy Greens' programme documentation, school displays, and official marketing purposes.
- I understand that my child's full name will NOT be published alongside any publicly shared image.
- These images may be used on the school's official social media pages, website, newsletters, and printed marketing materials.

Photography Consent ☐ I CONSENT to photographs and video of my child being used as above ☐ I DO NOT CONSENT to any photography or media use



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Parent / Guardian Name (Print)

Signature & Date

12D — Research & External Visitor Consent

- I consent to my child participating in age-appropriate research studies and educational observations conducted or approved by Ivy Greens, provided these are strictly non-invasive.
- I understand that I will be informed in advance of any external researcher or observer visiting the centre and may opt my child out at any time.

Research Consent ☐ I CONSENT ☐ I DO NOT CONSENT

Parent / Guardian Name (Print)

Signature & Date

12E — Sunscreen, Insect Repellent & Basic First Aid Consent

- I consent to Ivy Greens staff applying child-safe sunscreen and/or insect repellent during outdoor activities.
- I consent to basic first aid (cleaning minor cuts, applying plasters, comfort for minor bumps) being administered by trained staff when appropriate.

First Aid & Topical Application Consent ☐ I CONSENT ☐ I DO NOT CONSENT

Parent / Guardian Name (Print)

Signature & Date



SECTION 13 — POLICIES & MEMBERSHIP AGREEMENT

Please read each policy carefully. By signing the Membership Agreement at the end of this form, you confirm that you have read, understood, and agreed to all of the following.

1. FEES & PAYMENT POLICY

- All fees for the quarter must be paid in full two (2) weeks before the quarter commences.
- Payment is by bank transfer only — we do not accept cash payments under any circumstances.
- A late pick-up fee of TZS 10,000 per hour will be charged for children collected past their paid hours, this payment can be cash or by transfer.
- No child will be allowed to access services or remain enrolled if fees are outstanding.
- All amounts paid (fees, registration, admission, membership or any other payment made to our official accounts) are NON-REFUNDABLE.

2. WITHDRAWAL & TERMINATION NOTICE

- A minimum of ONE MONTH's written notice is required prior to a child's last day of attendance.
- No refund will be made for any payment already transferred.
- The school reserves the right to withdraw a child's place for: non-payment of fees, persistent behaviour issues, or harassment of staff.

3. ATTENDANCE, PUNCTUALITY & CENTRE HOURS

- Centre hours are 07:30 AM to 05:00 PM, Monday through Friday.
- Children must be dropped off and collected at their scheduled times to maintain required staff-to-child ratios.
- Persistent late drop-off or late pick-up will result in additional charges.
- Parents/guardians must notify the centre by 07:30 AM if a child will be absent.

4. HEALTH & ILLNESS EXCLUSION POLICY

- Children with fever (38°C+), vomiting, diarrhoea, or suspected communicable illness will be isolated and parents called for immediate pick-up.
- A child must be symptom-free for 48 hours before returning after a vomiting or diarrhoea illness.
- Immunization records must be up to date at all times. A child without current immunization cannot attend.
- No medication will be administered without a signed written parental authorisation form.
- For children with severe allergies, an emergency action plan must be submitted before the first day.

5. CHILD SAFEGUARDING & PROTECTION

- Ivy Greens operates a zero-tolerance policy on all forms of child abuse, neglect, and harm.
- All staff are trained safeguarding champions. Any concern will be documented and reported immediately.
- Physical discipline of any kind is absolutely prohibited by all staff and volunteers.
- Persons not listed as authorised collectors will not be permitted to collect any child.
- Court orders and custody documents limiting access to a child must be provided to management.



6. PHOTOGRAPHY, SOCIAL MEDIA & PRIVACY

- Staff are prohibited from photographing children on personal devices.
- No parent may photograph or record other children without the consent of their parents.
- Child information is strictly confidential and will not be shared with third parties without written consent except needed by the government officials.
- The centre complies with applicable Tanzanian data protection guidelines.

7. CURRICULUM & PROGRAMME

- Ivy Greens delivers a blended Cambridge & EYFS (British), Montessori, and Tanzanian National Curriculum.
- Quarterly meetings are held with parents — attendance is a MUST.
- Changes to curriculum content are communicated to parents via official notice.
- Faith-based values and biblical principles are woven into our programme approach.

8. BEHAVIOUR GUIDANCE POLICY

- We use positive guidance — not punishment — to support children's behaviour.
- Physical punishment by staff is strictly and absolutely prohibited.
- Persistent challenging behaviour will be addressed collaboratively with the family.
- A child's place may be reviewed if behaviour poses a risk to the child, other children, or staff.

SECTION 14 — OUR MISSION, VISION & CURRICULUM

Mission

- To deliver high-quality, holistic early childhood education and childcare that nurtures children's emotional wellbeing and early mental health foundations, while intentionally supporting parents' mental wellbeing — especially working parents — through reliable, structured, and compassionate preschool, daycare, and drop-in daycare services.

Vision

- To be a trusted leader in early childhood education in Tanzania, setting the benchmark for preschool, kindergarten, and drop-in daycare services that strengthen children's mental and emotional wellbeing, character building, safeguard parents' mental health, and enable families to thrive.



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Curriculum — Cambridge & EYFS · Montessori · Tanzanian National Curriculum

- British Cambridge & EYFS: Holistic development in communication, literacy, numeracy, personal-social-emotional growth, physical development, and expressive arts.
- Montessori Method: Child-led, hands-on learning. Independence, freedom within limits, and intrinsic motivation.
- Tanzanian National Curriculum: Cultural identity, Kiswahili language, community values, and local heritage.
- Faith-based enrichment: Biblical principles of love, kindness, integrity, and character development are woven into daily life.

**SECTION 15 — MEMBERSHIP AGREEMENT & DECLARATION**

I / We, the undersigned parent(s) or legal guardian(s), hereby declare the following:

1. All information provided in this form is true, accurate, and complete to the best of my/our knowledge.
2. I/We have read and understood all policies set out in this registration form and agree to abide by them.
3. I/We understand that failure to disclose material information (especially medical or safeguarding) may put my child at risk and could affect continued enrolment.
4. I/We agree to notify the centre immediately of any changes to the information in this form, including medical, contact, custody, or emergency contact details.
5. I/We agree to provide government-required documentation including RITA birth registration details and NIDA ID copies for national ECD data compliance.
6. I/We understand that enrolment is not confirmed until this form is complete, all required documents are attached, and the applicable fees are paid.

Parent / Guardian 1 (Father / Male Guardian)_____
*Full Name (Print)*_____
*Signature*_____
*Date (DD/MM/YYYY)***Parent / Guardian 2 (Mother / Female Guardian)**_____
*Full Name (Print)*_____
*Signature*_____
*Date (DD/MM/YYYY)***Legal Guardian (if applicable)**_____
*Full Name (Print)*_____
*Signature*_____
*Date (DD/MM/YYYY)***FOR OFFICE USE ONLY**

File / Registration No.	Enrolment Date	Programme & Class	Fee Receipt No.



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Form No: _____

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Documents Received	Fees Confirmed	Data Entered (ECD System)	Allocated Class / Teacher
☐ Birth Cert ☐ Chanjo ☐ NIDA (Father) ☐ NIDA (Mother) ☐ Photo	☐ Confirmed Date: _____	☐ Yes Date: _____	Class: _____ Teacher: _____

STAFF SIGN-OFF SHEET — CONFIDENTIAL — FOR STAFF USE ONLY

Every authorised staff member who accesses this child's file must sign below.

Staff Name & Role	Date Reviewed	Signature	Comments
Class Teacher			
Centre Manager / Director			
Administrative Officer			
Safeguarding Lead			

Director of Operations — Name (Print)

Authorising Signature & Date

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Bright minds, bright space.