



LITTLE SPROUTS DAY CARE AND BABY SITTING

Location: Nkomo Avenue, Moshi town-Kilimanjaro

**+255767 080236 | +255 717380 236 | www.littlesproutsmoshi.com
info@littlesproutsmoshi.com**

Admission form

This joining form is payable at TSH 5,000/=

PERSONAL DATA

Name of a child.....

Date of birth.....

Place of birth.....

Nationality.....

Parents names.....

Phone numbers and email:.....

Occupation.....

Major Language used at Home.....

Family Doctor’s Contacts.....

Please attach child’s copy of birth certificate

Any health setbacks/Allergies.....

Reporting time **7:30AM**

Closing Time **5:30 PM**

Info. on any costs and payments to be made shall be contacted via office number.

I..... agree to adhere to all the requirements for my kid.

DATE.....