

**CRESTCROSS DAYCARE AND KINDERGARTEN**

TEL: +254722314818

EMAIL: crestkdc@outlook.com

SCHOOL ADMISSION FORM

Child's Name: Gender:

Date of birth: Nationality: Religion:

Date of Admission: Class:

Residential Place: Court: House:

Name of the previous school:

Does your child have any medical problem?

If YES Specify:

Allergies:

How should we treat your child when unwell?

PARENTS DETAILS

Father's Name: ID NO:

Email: Telephone No:

Residential Address:

Profession / Occupation: Workplace:

Mother's Name: ID NO:

Email: Telephone No:

Residential Address:

Profession / Occupation: Workplace:

Contact person if parents are not available;

Guardian's Name: ID NO:

Email: Telephone No:

Residential Address:

Profession / Occupation: Workplace:

Admission Requirements:

1. Copy of parents Identity Card	4. UPI/ Nemis Number
2. Copy of the learner's Birth Certificate	5. KNEC Assessment Number
3. 1 passport size photo	

Parent / Guardian signature:

Name of the parent / Guardian:

Date: Signature:

FOR OFFICIAL USE ONLY**DATE APPLICATION RECEIVED:** **Admitted in Grade:****Admission No:** **Mpesa Reference No:****Vision:** "To nurture confident, curious and compassionate learners."

FEE STRUCTURE

CLASS PLAYGROUP, PP1 & PP2	TUITION FEE	MEALS	TOTAL	
TERM 1	12,000	6,000	18,000	
TERM 2	12,000	6,000	18,000	
TERM 3	12,000	6,000	18,000	
CLASS GRADE ONE	TUITION FEE	MEALS	ASSESSMENT	TOTAL
TERM 1	17,000	6,000	2,000	25,000
TERM 2	17,000	6,000	2,000	25,000
TERM 3	17,000	6,000	2,000	25,000

- ❖ ADMISSION FEE PAID ONCE – 1000
- ❖ INTERVIEW FEE PAID ONCE - 500
- ❖ CAUTION MONEY – 1000
- ❖ DIARY – 1,000

EXTRA CURRICULAR ACTIVITIES PER TERM:

- ❖ SKATING – Ksh. 3,500 PER TERM
- ❖ BALLET – Ksh. 3,500 PER TERM
- ❖ PATAS DANCE – Ksh. 3,500 PER TERM
- ❖ SWIMMING (THURSDAYS) – Ksh. 300 PER SESSION
- ❖ SWIMMING TRAINING (THURSDAYS) - Ksh. 550 PER SESSION
- ❖ COMPUTER CLASSES EVERY FRIDAY (PP1 AND PP2) – Ksh. 3,500 PER TERM
- ❖ FRENCH CLASSES (GRADE 1) – Ksh. 3,500 PER TERM
- ❖ PIANO – Ksh. 600 PER SESSION
- ❖ CHESS- Ksh. 1200 PER SESSION

Payments should be made via

Account Name: CRESTCROSS KINDERGARTEN DAYCARE LTD

Account Number: 0370605001

Branch: 077 - Imaara Mall Branch

Pay bill: 516600

Account Number (for Pay bill): 0370605001

**CRESTCROSS DAYCARE AND KINDERGARTEN****TEL: +254722314818****EMAIL: crestkdc@outlook.com****SCHOOL UNIFORM**

UNIFORM			
		DATE	
CHILD NAME		CLASS TUTOR NAME	
ADDRESS		AGE	
RESIDENTIAL		WEIGHT	
CONTACT		HEIGHT	
EMAIL		TOTAL AMOUNT	

ITEM	QTY	DESCRIPTION	UNIT PRICE	AMOUNT
Sweaters	1 PC	Red between size 24 - 26	1,200.00	
School Trousers	1 PC	Black	800.00	
School Shirt	1 PC	White	700.00	
P.E Short	1 PC	Black	500.00	
T Shirt	1 PC	Red Cotton Dotted	700.00	
Fleece Jacket	1 PC	Red	2,000.00	
Socks	1 PAIR	Both Boys (grey & red stripes) Girls (white)	250.00	
School Dress	1 PC	Red Checked Material	1,500.00	
Track Suit	1 PAIR	Black with red stripes	1,500.00	
			SUBTOTAL	
			VAT	
			TOTAL	



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SCHOOL MENU

DAY	BREAK	LUNCH	FRUIT
MONDAY	• PORRIDGE	• RICE/BEANS • CABBAGE	• BANANA
TUESDAY	• HOT MILK CHOCOLATE • MANDAZI/FRESH CAKE	• SPAGHETTI • MINCED MEAT • SPINACH	• BANANA
WEDNESDAY	• PORRIDGE	• UGALI • BEEF STEW • GREEN VEGETABLES	• ORANGE
THURSDAY	• HOT MILK CHOCOLATE • BREAD	• PILAU • CABBAGE	• MELON
FRIDAY	• PORRIDGE	• CHAPATI • BEANS	• APPLE



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SCHOOL TERMS AND CONDITIONS

1. Admission:

The school reserves the right to admit students. We accept children from the ages of 2 years.

2. Opening Hours:

The school operates from Monday to Friday, from 08:00 AM to 03:00 PM and Saturdays from 09:00 to 02:00 PM. Special arrangements may be made with the teacher if alternative timing is required.

3. Fees:

Please note that 80% of the total school fees must be paid before the beginning of the term. The remaining 20% should be paid on or before the 5th day of the second month. Fees are non-refundable, non-transferable, and non-deductible. Cash payments and personal checks are not accepted.

4. Absenteeism:

If a child is absent for 14 consecutive days without prior permission, they will be considered withdrawn, and their place may be offered to another child.

5. Withdrawals:

Parents intending to withdraw their child from school must notify the school at least one month in advance.

6. Sickness:

Please do not send sick children to school. If a child becomes ill during school hours, the parent/guardian will be contacted immediately. The parent/guardian will assume responsibility for the child's care and any associated expenses.

7. Progress Visit:

We operate an open-door policy. Parents/guardians are welcome to discuss their child's progress with prior arrangement, after lessons, from 03:00 PM onward.

8. Uniform:

All children must wear the correct school uniform while at school. Please ensure that your child is wearing the correct uniform.

9. Personal Hygiene:

Children must keep their fingernails and toenails short and clean. Boys are required to keep their hair neat.

10. Picking up Children:

Children can only be picked up by their parents or guardians. If the parent/guardian is unavailable, only an authorized person with proper identification will be allowed to pick up the child. Daycare children may be picked up as per arrangements with the office, while children in Reception (2.00PM), PP1, and PP2 will be picked up at 3:00 PM.

11. Foodstuff:

Only daycare children are allowed to bring food to school. Other children should only bring bottled drinking water. Parents are responsible for informing the school of any allergies, health conditions, or special dietary needs.

12. Changes to Regulations:

These regulations are subject to change without notice if deemed necessary by the school management.

Parent/Guardian Acknowledgement

By signing below, I acknowledge that I have read and understood the school's terms and conditions and agree to abide by them.

Parent/Guardian Name:

Child's Name:

Class:

Signature of Parent/Guardian:



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NEMIS FORM

Dear Parent/Guardian,

RE: NEMIS REQUIREMENT FOR REGISTRATION

The following information MUST be filled properly as a requirement for registration on Nemis (National Education Management Information System)

Child's name: **Class:**

Your child's UPI'S number from the former school:

Birth certificate entry No:

Father's name: **ID no:**

Father's email address: Telephone No:

Home County: Home Sub County:

Mother's name: **ID no:**

Mother's email address: Telephone No:

Home County: Home Sub County:

OR

Guardian's name: **ID no:**

Guardian's email address: Telephone No:

Home County: Home Sub County:

ATTACH WITH:

1. Transfer letter from the Previous School indicates NEMIS NO & KNEC ASSESSMENT NO for the child's
2. One passport size photo for the child
3. One copy of birth certificate for the child/copy of the travel passport if he/she doesn't have a Kenyan birth certificate.
4. Id copies for the parents

Thank you.

Parent/Guardian: **Signature:**