

The Promise Institute

Mission Statement

Our Mission is to recognize that each child is an individual; and that all children are creative and has the potential to succeed. Therefore it is our goal to foster a caring and creative environment that emphasizes the social, emotional, physical and intellectual development of each child.

Vision Statement

A Place of excellence where children can achieve their full potential in their academic, creative, personal, physical, moral and spiritual development. A place of Christian children learn respect for themselves and others

Learning Resources

- A make shift Library is available to all students- containing all the necessary text books and work books used
- A desktop computer is accessible to all students equipped with internet service
- All students would be assigned a desk and chair in full access to the chalk board.
- All students would be in perfect view of the teacher's desk

Physical Resources

THE PROMISE INSTITUTE

Queen's Highway, Love Hill, Andros
P.O.Box Fresh Creek, General Delivery
Telephone# (242) 471-6333

REGISTRATION FORM

Child's Name: _____

Date of Birth: _____

Place of Birth: _____

Nationality: _____

Mother's Name: _____

Address: _____

Place of Employment: _____

Telephone Contact: _____

Father's Name: _____

Address: _____

Place of Employment: _____

Telephone Contact: _____

Person to contact in case of a Emergency _____

Emergency Contact#: _____

List the name of the person/s who will be responsible for collecting your child:

Does the child have (have had) any of the following? (please tick)

Yes

No

(if yes please explain)

Tuberculosis (TB)

Asthma


Hiv/Aids

Allergies

Signature

Date

Please provide the following: Picture Identification (passport), NIB Card, Immunization Card, Transfer Card



The Promise Institute

Location Queen's Highway, Love Hill, Andros The Bahamas.

Principal/ Owner Mrs Diann Hanna-Wilson.

Telephone 471-6333

Requirements

School's Song I am A Promise

School's Belief There is only one God, Jehovah.
You can only be saved by believing on the Precious name of JESUS.

School's Motto For God has NOT given us the spirit of FEAR but of Love, Power and a Sound Mind.

School's Regulations :

1 School begins at 8:30 am.

2 School ends at 3pm.

3 Lunch is at 12pm for 1 hour.

4 Break is at 10am for 15 minutes.

5 Uniforms

Boys..... black pants (short or long), black *brown shoes*, *black/white* socks, white shirt.

Girls black shirts/jumpers with white blouses, black/brown shoes with white/ black socks.

P.E tennis, black/white shorts, plain white t-shirts/blouses.

6 Registration is due at the beginning each school year. Fee is \$30.00.

7. School fees are due on or before the 5th of each month. A late fee of \$10 dollars will be applied once it is five days over due.

8. Curriculum : Public School . Ministry of Education. However, the main focus will be on reading, phonics, writing, arithmetic, social studies, science and religion.

9. Fees are as follows:

nursery \$280.00 per month

Pre-K \$200.00 per month

Grades 1-6 \$250.00 per month

Grades 7-9 \$ 350.00 per month.

Grades 10-12 \$ \$450.00 per month



Ministry of Education
Department of Education
The Early Childhood Education (Preschool) Section
CONFIDENTIAL MEDICAL REPORT FOR PRESCHOOLERS
PART I

(To be completed by Parent or Guardian)

1. CHILD'S NAME: _____

2. CHILD'S DATE OF BIRTH: *Last* *First* *Middle*
 _____ / _____ / _____
dd mth yr Sex: M [] F []

3. a. MOTHER'S NAME: _____

b. MOTHER'S PLACE OF BIRTH: _____

4. a. FATHER'S NAME: _____

b. FATHER'S PLACE OF BIRTH: _____

5. NUMBER OF SIBLINGS: _____

6. FAMILY HEALTH: Good [] Illnesses []
If any illnesses state: _____

7. CHILD'S EATING HABIT: Good [] Problem Eater []

8. CHILD'S BEHAVIOUR: plays well with other children [] shy or withdrawn [] fights/hits []

9. a. CHILD'S PERSONAL PHYSICIAN: _____

b. CLINIC ATTENDING: _____

PART II

(To be completed by Parent, or Guardian and Medical Attendant)

10. CHILD'S HEALTH HISTORY, PAST ILLNESS OR SURGICAL PROCEDURES:

11. MEDICAL HISTORY

Allergies: yes [] no []

If yes, state _____

Child's General Health Status: Good [] Fair [] Poor []

| | yes | no | | yes | no | | yes | no |
|---------------------|-----|----|---------------|-----|----|-----------------|-----|----|
| Measles | | | Rubella | | | Iron Deficiency | | |
| Seizures | | | Mumps | | | Anemia | | |
| Tonsillitis | | | Chicken Pox | | | Asthma | | |
| Sickle Cell Disease | | | Scarlet Fever | | | Worms | | |
| | | | | | | Pneumonia | | |

THE PROMISE INSTITUTE

Queen's Highway, Love Hill, Andros
P.O. Box Fresh Creek, General Delivery
Telephone# (242) 471-6333

Pre- School Application Form

Child's Name _____
Last First Middle

Child's Date of Birth: _____ Age: _____

Birth Certificate/Affidavit/Passport # _____
Please attach copies

Place of Birth: _____ Nationality: _____

Telephone# _____ P. O. Box _____

Child lives with: Both Parents _____ Father _____ Mother _____ Other _____

Mother's Name _____ Occupation: _____

Home Address: _____ Telephone _____

Place of Employment: _____ Telephone _____

Employment Status: full time _____ part time _____ Self-employed _____ unemployed _____

Weekly salary \$ _____ Monthly salary\$ _____ Other salary \$ _____

Father's Name _____ Occupation: _____

Home Address: _____ Telephone _____

Place of Employment: _____ Telephone _____

Employment Status: full time _____ part time _____ Self-employed _____ unemployed _____

Weekly salary \$ _____ Monthly salary\$ _____ Other salary \$ _____

Guardian's Name _____ Occupation: _____

Home Address: _____ Telephone _____

Place of Employment: _____ Telephone _____

Employment Status: full time _____ part time _____ Self-employed _____ unemployed _____

Weekly salary \$ _____ Monthly salary\$ _____ Other salary \$ _____

Number of sibling _____ Brothers: _____ older _____ Younger _____ Sister
_____ Older _____ Younger _____

Name of Children in Household Relationship to child Age Sex

Name of Adults in Household Relationship to child Age Sex

Does this child have any physical, mental or health problems? If so please explain?

Language spoken at Home: _____

Daycare Centre/Preschool Previously attended (if any)

Name, address & Telephone numbers of persons to contact in an emergency:

Parent/Guardian Signature: _____

P. S the following documents are required and should accompany this form:

Birth Certificate/Affidavit or Passport (student)
NIB Card
Immunization Card
Two Passport size Photo
Birth Certificate/Affidavit or Passport (Mother & Father)

All registrant are required to enrol into the school's accident group insurance at the cost of \$20.00. If your child is already enrolled in a personal accidental coverage or plan please bring proof of the current plan.
