

## Kids Coding

P. O. Box CE 11487, Tema Ghana

Phone: 027 213 7778

email: [infoqh@kidscodegh.com](mailto:infoqh@kidscodegh.com)

# Common Application Form

### Student Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Data of Birth: \_\_\_\_\_ Male  Female

Current School: \_\_\_\_\_

Current Class: \_\_\_\_\_

### Parent Information

Parent/Guardian Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Address

Street: \_\_\_\_\_ House Number \_\_\_\_\_

Town/Community: \_\_\_\_\_

Work Place Address: \_\_\_\_\_

Work Place Phone: \_\_\_\_\_

Work Place Email: \_\_\_\_\_

**Date**

Application Date: \_\_\_\_\_

Intended Start Date: \_\_\_\_\_

Days Interested:      Monday                   Tuesday                   Wednesday   
                                 Thursday                   Friday                   Saturday   
Time:                      1:00 – 3:00                   2:00 – 4:00   
                                 3:00 – 5:00                   4:00 – 6:00

**Other Information**

How did you hear of the program?  
 School information session  
 Office information board  
 Church announcement  
 Word of mouth  
 Web search  
 Other, Specify: \_\_\_\_\_

Does child have any condition                  Yes     No

If yes, provide more details:

**Consent**

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_