KIGALI REVISION CENTER

Tel: +250788429419 Email: kigalirevisioncenter@gmail.com
KK 794ST REBERO-NYENYERI-BWERANKORI-KIGARAMA-KICUKIRO

STUDENT'S REGISTRATION FORM (CRECHE/NURERY)

Student's name: …….. Gender:….

Date of Birth: …../…./…….
Enrollment year: 2026/2027
Grade Level :……..

Photo

Home Address: ……Village;
……..…….. Cell ,
……..….Sector
…….…… District

NOTE:1) Kids arrive between 8:00am and 8:30am

2)Registration fees is paid the day of enrollment.

3) The birthday certificate is annexed to this form.

4)In case of sickness or any other emergency KRC will kid's parents ASAP.

5)Parents agree that the pick-up time is 4:00pm; after 5:00pm the parent will pay a lateness penalty of 5,000frws per hour.

6)The parent allows KRC to use his kid's images on KRC display, website and social medias.

7.Parents agree with KRC payment policy and accept to follow it.

Parent name: **KRC STAMP**

_____

Signature
Date: ____/____/2026