

## BLOOMING MINDS KIDS AGENCY APPLICATION FORM

## PLEASE PRINT CLEARLY USING BLACK INK

Child's Details First Name:	LastName
DOB:	Place of Birth:
Gender: Male	Female
Parent/Guardian Details First Name:	LastName
First Name:	LastName
Address:	
Tel Phone: (home)	(mobile)
Email:	
Payment Ref (Pay-in slip number)	
I hereby give my consent that my above to our terms and condition)	e named child be registered. (By ticking the box, you have agreed

**GHANA**: Application fees cost **100GHC**. Application forms would only be processed after the correct fees have been paid. Payments can be made at any GT Bank branch, **Account # 221101973110 BLOOMING MINDS LTD** or mobile money 0269091275. All applicants must use their first and last name as payment reference.

**NIGERIA**: Application fees cost **N8,000** Application forms would only be processed after the correct fees have been paid. Payments can be made at any GT Bank branch, **Account #0236472335 BLOOMING MINDS KIDS AGENCY LTD**. All applicants must use their first and last name as payment reference

Blooming Minds Kids Agency

GHANA: 26 Abotsi Street East Legon, Accra. PO BOX LGDTD 10083

+233 543807829 +233558055070 **NIGERIA**: Plot 2 Tony Asije Close Ogudu Lagos. Tel: +234 9063388437 +2348101862223

Email: Info@bmkidsagency.com website: www.bmkidsagency.com

RC 1383343