



The S.P.I.C.E.S. Centre

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Application Form

Child Information

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: ___/___/___ Present Age: _____ Gender: Male Female

Guardian Information

Name: _____ Relationship: _____

Home Address: _____

Email Address: _____

Telephone Number(s): _____

Place of Employment: _____

Alternate Contact

Name: _____ Relationship: _____

Home Address: _____

Email Address: _____ Telephone Number(s): _____

Place of Employment: _____

General Information

Has your child been immunized? _____

Does your child have any health problems? _____. If any please specify: _____

Why did you choose The S.P.I.C.E.S. Centre? _____

Signature: _____ Date: _____