

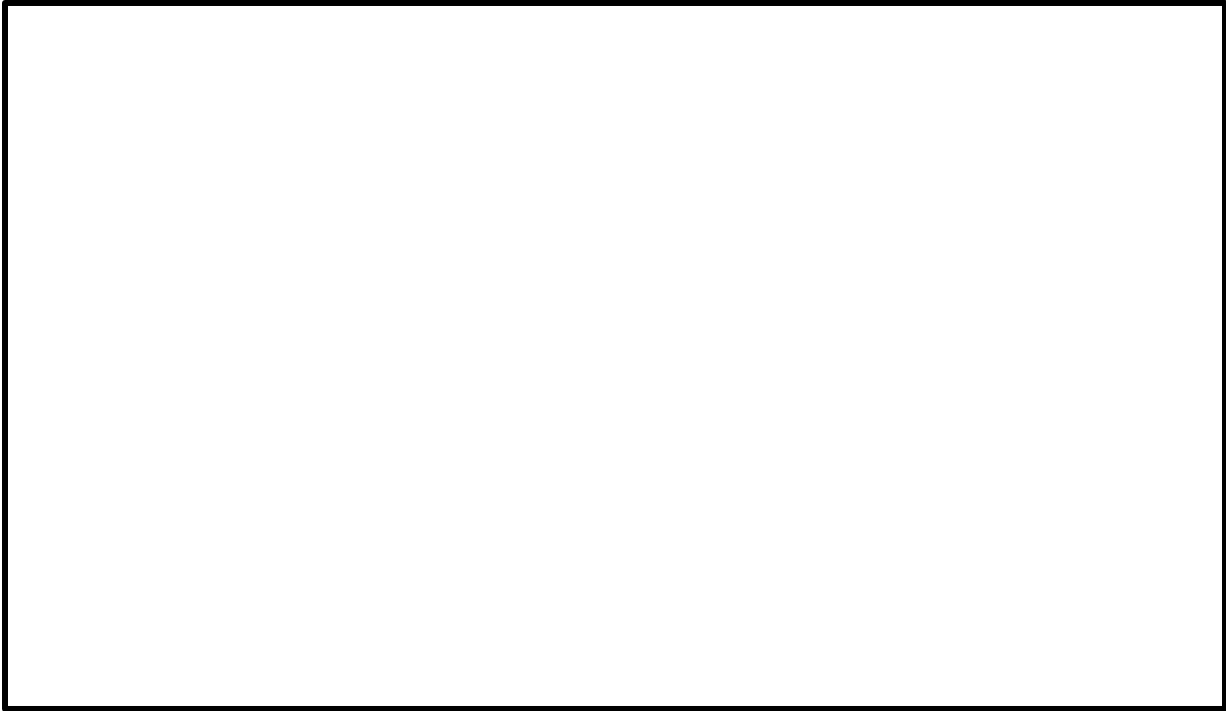


**DEPARTMENT OF SOCIAL WELFARE**

**RENEWAL OF DAY CARE / CRÈCHE PROFILE**

1. Name of Centre: .....
2. Postal Address: .....
3. Telephone No: ..... Fax:.....
4. E-mail.....
5. Location (Be specific e.g. Ministries, Accra):.....
6. Name of Assembly (e.g. Accra Metropolitan Assembly): .....
7. No. of Children Enrolled:.....
  - a. Female:.....
  - b. Male:.....
8. a. what is the size of the play ground ?.....  
b. What Is The Class Size?.....
9. list the types and number of play items (indoor / outdoor)
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
10. Name the qualification of staff
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
11. Previous Registration no:.....
12. Name of proprietor / proprietress: .....
13. Qualification of proprietor / proprietress: .....
14. Information was provided by:.....  
Title / function:.....  
Signature:.....Date:.....

**(FOR OFFICIAL USE ONLY)**



Signature:.....

Designation of Officer:.....

Date:.....