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2027

REGISTRATION FORM

BABY - TODDLER - PRESCHOOLER

1. BABY / TODDLER PARTICULARS

Surname: _____
Full name: _____
Nickname: _____
Date of births: _____
(Copy of Birth Certificate please)

2. MEDICAL INFORMATION OF BABY / TODDLER

Allergies: _____
Physician: _____
Contact information of Dr: _____
Any medical conditions: _____
Childhood diseases: _____
Medical aid: _____
Medical aid member number: _____
Previous daycare / nursery school attended: _____
Tel. no. of daycare / nursery school: _____

☐ Halfday ☐ Full day ☐ Days per week

Person responsible to collect him / her? _____

3. MOTHERS' PARTICULARS

Name & Surname: _____
Identity number: _____
Occupation: _____
Employer: _____
Tel number (work): _____
(Home): _____
(Cellphone): _____
(Fax) _____
Address: (Home) _____
(PO Box) _____
(E-mail) _____
Religious denomination: _____
Marital status: _____

4. FARTHERS' PARTICULARS

Surname: _____
Name: _____
Identity number: _____
Occupation: _____
Employer: _____
Tel number (work): _____
(Home): _____
(Cellphone): _____
(Fax): _____
Address: (Home) _____
(PO Box) _____
(E-mail) _____
Religious denomination: _____
Marital status: _____

5. ALTERNATIVE ARRANGEMENTS / CONTACT PERSON

Alternative contact in case of emergency eg. Grandmother, friend, neighbour etc.

Name and surname: _____
Telephone number: _____
Relationship (granny, friend etc.): _____
Address _____

Name and surname _____
Telephone number _____
Relationship _____
Address _____

6. UNDERTAKING

I undertake to pay the necessary fees before the **1st day of each month** and am aware that I have to give 2 calendar months notice if I want to remove my toddler / baby from school. An amount of **R2400-00 registration** fee is payable upon submission of the enrollment form (or as agreed by school) This includes stationary, bedding and Bake and make.

Signed _____ on this _____ day of _____

Mother/Guardian

Father/Guardian

Principal

Teacher