



ENROLMENT FORM

Enrolment date: _____

Particulars of child:

Full names				Surname			
Known as				Gender			
Date of birth				Home Language			
	Day	Month	Year		AFR	ENG	Other

Previous Institution / Nursery School attended:

Previous Pre-Primary, play school, nursery school, day mother, etc. attended					
Name of Institution					
Suburb/Town		Duration of attendance	From		Until

Medical Information :

Medical Aid Scheme		Membership number	
Doctor		Doctor's telephone nr	
Allergies or chronic illnesses			
Special medication (please specify)			

Parent Information:

Mother :		Identity number (copy attached)	
Name & Surname		Occupation	
Physical address		Contact No – Home	
		Contact No – Work	
e-mail address		Cellular No	
Father :		Identity number (copy attached)	
Name & Surname		Occupation	
Physical address		Contact No – Home	
(if different from mother's address)		Contact No – Work	
e-mail address		Cellular No	

Family Status :

Please indicate by circling the correct	Parents :	Married / Not Married / Divorced – child stays with mother /
		Divorced – child stays with Father / Guardian /
		Other (please specify)

Contact details in case of an emergency (not parents):

Name and Surname		Name and Surname	
Relation to Child		Relation to Child	
Contact number		Contact number	

List of people who may collect child (where possible please supply copy of Identity document):

Name & Surname		Identity number	
Name & Surname		Identity number	

Financial Information

Person responsible for account: (Please attach a copy of Identity Document of the person paying the account)

Name & Surname		Identity number	
Physical address		Contact No – Home	
		Contact No – Work	
		Contact No - Cellular	
Relation to Child			

Services

Please mark with an 'x' which services you want to make use of:

(Attached hereto also find the fee structure indication the relevant fees)

Baby - Full Day		Toddler - Full day		After Care	
Baby - Half Day		Toddler - Half day		Name of Primary School	

Transport:

Single Trip - Morning		Single Trip – Afternoon		Double Trip	
Transport Company Name					

Office use

Registration fee paid	R
Date registration paid	
Enrolment form signed	YES / NO
Standard Terms and Conditions signed	YES / NO
Copy of Identity Document received of person responsible for account and parents	YES / NO
Copy of child's Birth Certificate and Clinic Card received	YES / NO

Signature of person responsible for the account

Date

(I acknowledge that I have read the Standard Terms and Conditions applicable to Smiley Kids Waterkloof Glen and bind myself thereto)

Raising the pre-school benchmark!