

**Principal:** Roland Grunwald  
**Tel:** 064 532 3757  
**Address:** 287 Frandaph  
drive, Mondeor



In operation since 1989  
Registered with City Health

## Application Form

### CHILD'S INFORMATION

NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: \_\_\_\_\_

CHILD LIVES WITH: (mark with X)  MOTHER  FATHER  GUARDIAN  OTHER: \_\_\_\_\_

ANY EDUCATIONAL DEVELOPMENT OR FAMILY PROBLEMS YOU ARE AWARE OF THAT WE SHOULD KNOW OF, WHILE WORKING WITH YOUR CHILD? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENROLMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADMITTED INTO (Mark with X):  TODDLER DEPARTMENT  PRE- PRIMARY

Position of child in family: \_\_\_\_\_ out of \_\_\_\_\_ children

Home language: \_\_\_\_\_ Religion: \_\_\_\_\_

### PARENT/S INFORMATION

MOTHER NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

HOME NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ POSTAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CODE: \_\_\_\_\_ CODE: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SEPARATED  SINGLE  MOTHER DECEASED

OTHER STATE PLEASE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYEE NO: \_\_\_\_\_ WORK NO: \_\_\_\_\_

FATHER NAME: _____	SURNAME: _____
ID NUMBER: _____	MOBILE NO: _____
HOME NO: _____	EMAIL ADDRESS: _____
PHYSICAL ADDRESS _____	POSTAL ADDRESS _____
_____	_____
CODE: _____	CODE: _____
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> FATHER DECEASED	
<input type="checkbox"/> OTHER STATE PLEASE: _____	
EMPLOYER: _____	OCCUPATION: _____
EMPLOYEE NO: _____	WORK NO: _____

(In case of an emergency if parent/guardian are not available list 5 people to contact)

**NOTE:** Parents numbers not to be added again

CONTACT NAME AND SURNAME	RELATION TO CHILD	CONTACT NUMBER
1		
2		
3		
4		
5		

**Important notice:** In the event of an emergency & you cannot be reached, Kiddies Academy will not be held responsible. The onus shall rest on the parents if the Child's condition worsens due to slow response of the parent/s in fetching the child. Any change in the contact details, to be updated and the school is to be informed immediately in writing. Please note that it is your responsibility to make sure these changes are attached to your child's enrollment form. I, the undersigned hereby declare that the particulars contained in this application are true and correct and understand that any false or incomplete information may constitute grounds for immediate rejection.

Parent's signature acknowledging the above statement: (Please Print Name)

Mother's Full Name: \_\_\_\_\_ Father's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_