



Kiddies Place



A Christian Nursery School

- ♥ **Principal:** Karin Grunwald
- ♥ **Cell:** 083 289 6166
- ♥ **Address:** 287 Frandaph Road
Mondeor
2091



- ♥ In operation since 1989
- ♥ Registered with the City Health
- ♥ Diploma on Childcare through Intec College
- ♥ Diploma on First Aid
- ♥ Trauma Counsellor

APPLICATION FORM

(When completing the form, **PLEASE** write in **PRINT, CLEARLY** and **NEATLY**)

CHILD'S INFORMATION:

SURNAME: _____ **DATE OF BIRTH:** ____/____/____

NAMES: _____ **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: _____

DATE ADMITTED: [Date your child started]: ____/____/____

ADMITTED INTO: [Draw a cross X] Toddlers Department Pre-Primary

PARENT/S INFORMATION:

MOTHER'S NAME & SURNAME: _____

ID NUMBER:

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CELLPHONE NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WORK NO:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HOME ADDRESS: _____

POSTAL ADDRESS: _____

EMPLOYER: _____ **OCCUPATION:** _____ **EMPLOYEE NO:** _____

PARENTS MARITAL STATUS: [DRAW A CROSS X]: MARRIED SEPARATED SINGLE MOTHER DECEASED

OTHER STATE PLEASE: _____ **PTO....**

PARENT/S INFORMATION CONTINUED:

FATHER'S NAME & SURNAME: _____

ID NUMBER:

CELLPHONE NO:

HOME NO:

WORK NO:



HOME ADDRESS: _____

POSTAL ADDRESS: _____

EMPLOYER: _____

OCCUPATION: _____

EMPLOYEE NO: _____

PARENTS MARITAL STATUS: [DRAW A CROSS X]: MARRIED SEPARATED SINGLE FATHER DECEASED
 OTHER STATE PLEASE: _____

POSITION OF CHILD IN FAMILY: OUT OF CHILDREN

HOME LANGUAGE: _____ **RELIGION:** _____

IN CASE OF EMERGENCY & IF PARENTS ARE NOT AVAILABLE LIST 5 PEOPLE TO CONTACT:

PLEASE NOTE: PARENTS NUMBER NOT TO BE LISTED AGAIN

<u>CONTACT PERSON</u>	<u>RELATIONSHIP TO CHILD</u>	<u>CONTACT NUMBER</u>
1.		
2.		
3.		
4.		
5.		

NOTE: IN THE EVENT OF AN EMERGENCY & IF YOU CANNOT BE REACHED, KIDDIES PLACE WILL NOT BE HELD RESPONSIBLE. THE ONUS SHALL REST ON THE PARENT IF THE CHILD'S CONDITION WORSENS DUE TO SLOW RESPONSE OF THE PARENT/S IN FETCHING THE CHILD. ANY CHANGE IN CONTACT DETAILS, PLEASE INFORM THE SCHOOL IMMEDIATELY IN WRITING. PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT 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 SIGNATURE ACKNOWLEDGING THE ABOVE STATEMENT: (PLEASE PRINT)

MOTHER'S FULL NAME: _____ **FATHER'S FULL NAME:** _____

SIGNATURE: _____ **SIGNATURE:** _____

DATE: _____ **DATE:** _____