CHILD	Surname:		First Names:		Date of Birth:	
	Home Language:		Current school:		School attending in Grade 1:	
OTHER	Surname:		First Names:		Date of Birth:	
CHILDREN IN	Surname:		First Names:		Date of Birth:	
THE FAMILY	Surname:		First Names:		Date of Birth:	
PARENT 1	Surname:		First Names:		Occupation:	
	Telephone (H):		Telephone (W):		Cell:	
	Residential address:				I.D. No. :	
					Home Language:	
					Marital status:	
	E-mail address:				Religion:	
PARENT 2	Surname:		First Names:		Occupation:	
	Telephone (H):		Telephone (W):		Cell:	
	Residential address:				I.D. No. :	
					Home Language:	
					Marital status:	
	E-mail address:				Religion:	
*Please indicate who would prefer to receive :**school correspondence** -						
*			**:accounts -**			
Where did you hear about us?						
ATTENDING						
Midday		14.30pm		Mon-Thur 17.00pm (Friday 16.00pm)		
MEDICAL	Family Doctor's Name:			Telephone Number (W):		
INFORMATION	Allergies:			Dietary Requirements:		
EMERGENCY	Next of Kin:		Relationship to Child:		Telephone (H):	
CONTACT					Telephone (W):	
DETAILS	Other:		Relationship to Child:		Telephone (H):	
(Not Parent)					Telephone (W):	
SIGNATURE :				DATE:		

THIS FORM IS NO GUARANTEE OF ENTRANCE TO THE PRE-SCHOOL

FOR OFFICIAL USE ONLY

Entrance fee R		Date Paid:		Starting Date:	
Indemnity form:					

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