

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:		
MOTHER	Surname:		First Names:				
	Telephone (H):		Telephone (W):	Telephone (W):		Cell:	
	Residential address:				I.D. No.:		
					Home Language:		
					Marital status:		
	E-mail address:				Religion:		
	-				1		
FATHER	Surname:		First Names:			Occupation:	
	Telephone (H):		Telephone (W):	Telephone (W):		Cell:	
	Residential address:				I.D. No. :		
					Home Language:		
					Marital status:		
	E-mail address:				Religion:		
	indicate who would prefer	t to receive :school					
*			:accounts -				
Where did y	ou hear about us?						
AMMENIDING		Manday	Tuesday	Wedenaday	Thomaday	Enister,	
ATTENDING		Monday	Tuesday	Wednesday	Thursday	Friday	
Midday			+	+			
Midday + lunch							
14.30pm Mon Thur 17.00pm	(Enidow 16 00nm)						
Mon-Tnur 17.00pi	m(Friday 16.00pm)						
MEDICAL	Family Doctor's Name	۵٠		Telephone Number	r (W)·		
INFORMATION	· ·	•			Dietary Requirements:		
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EMERGENCY	Next of Kin:		Relationship to C	Child:	Telephone (H):	Telephone (H):	
CONTACT					Telephone (W):		
DETAILS	Other:		Relationship to Child:		Telephone (H):		
<u></u>					Telephone (W):		
SIGNATURE : DATE:							
THIS FORM IS NO GUARANTEE OF ENTRANCE TO THE PRE-SCHOOL							
FOR OFFICIAL USE ONLY							
		Date Paid	l:	_ Starting Date	e:	,	
Indemnity form:							