



PALMERSTON PRE-PRIMARY

Registration Number: C4761

Email: info@palmerstonpreprimary.com

Phone: 021 715 5576

GRADE R ENROLMENT FORM

This document, duly signed by both parties, forms a contractual obligation between Giggles & Whispers Pty Ltd / Palmerston Pre-Primary and the parent / guardian enrolling his / her child / ren.

FOR OFFICE USE ONLY

Reg. fee: R _____ Receipt No. _____ Date: _____ Fee structure: _____ Confirmation letter: _____

Computer update: _____ Email update: _____ Register: _____ CEMIS: _____ Issued T-shirt/book: _____

ID Proof: Child _____ Mother: _____ Father: _____ Authorized persons _____ Date of Entry: _____

PLEASE PRINT ALL INFORMATION

CHILD'S INFORMATION

First Names: _____ Surname: _____ Preferred Name: _____

Date of Birth: ____/____/____ Sex: _____ Religion: _____ Race (for WCED statistics): _____

Place in family: 1st/2nd/3rd child: _____ Child's home language: _____

Residential Address: _____

Any information you would like to make us aware of: _____

Name of Creche / Playgroup / Caregiver previously attended: _____

From which source did you learn of Palmerston Pre-Primary:

Newspaper: _____ Yellow Pages: _____ ConnectingKidz: _____ From a friend (supply surname): _____

Other (give details): _____

PARENTS INFORMATION

Full Name: _____ ID/Passport: _____ Relationship to child: _____

Residential Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Contact Telephone No's: (W) 021 _____ (H) 021 _____ (Cell) _____

Email Address: _____

Full Name: _____ ID/Passport: _____ Relationship to child: _____

Residential Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Contact Telephone No's: (W) 021 _____ (H) 021 _____

(Cell) _____

Email Address: _____

Marital Status: Married: _____ Divorced: _____

Single: _____ Separated: _____





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EMERGENCY CONTACT PERSONS / NUMBERS

Name: _____ Phone (H): _____

Relationship to child: _____ (W): _____

(Cell): _____

Medical Doctor: _____ Phone: _____

Medical Aid and Number: _____

NOMINATED PERSONS ALLOWED TO COLLECT YOUR CHILD

Mr / Mrs / Miss: _____ ID No: _____

Relationship: _____ Phone: _____

Cell: _____

Mr / Mrs / Miss: _____ ID No: _____

Relationship: _____ Phone: _____

Cell: _____

Mr / Mrs / Miss: _____ ID No: _____

Relationship: _____ Phone: _____

Cell: _____

PLEASE SUBMIT COPIES OF IDENTIFICATION PROOF FOR ALL PARTIES

FOR OFFICE USE ONLY: IDENTIFICATION PROOF DOCUMENTS RECEIVED

Child: _____ Father: _____ Mother: _____

Nominated Person 1: _____

Nominated Person 2: _____

Nominated Person 3: _____





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MEDICAL CERTIFICATE

Surname: _____ First Name: _____ Date of Birth: _____

Medical Aid: _____ Medical Aid No: _____

Name of Doctor: _____ Phone No: _____

Address of Doctor: _____

GENERAL CONDITIONS OF HEALTH

CHILDREN'S DISEASES ALREADY CONTRACTED

Chicken pox: _____ Mumps: _____ Measles: _____ Whooping cough: _____

Any other diseases: _____

ANY ALLERGIES?

ANY EPILEPSY?

ARE ALL IMMUNIZATIONS UP TO DATE ACCORDING TO MEDICAL CARDS? YES / NO

Our school is totally inclusive and we therefore are willing to accept any child provided the facilities we offer are in the best interests of the child. Are there any physical / intellectual / emotional challenges that we need to be aware of to assist us in giving the best care possible to your child?

ILLNESS OR DISEASE

Children with a fever or contagious disease or condition must be kept at home. I _____
Father/Mother/Legal Guardian of _____ request you to allow my child to take part in all indoor and outdoor activities. I further authorize you or any member of Palmerston Pre-Primary staff to act as in-loco parents during the time spent at Palmerston Pre-Primary and give any consent required by hospital or medical authorities in respect of medical attention they may think necessary in case of an emergency. I absolve Palmerston Pre-Primary and its staff from liability for loss, damage or injury to his/her person or effects for any reason whatsoever during his/her time at Palmerston Pre-Primary.

I confirm that the above, pertaining to my child is understood.

Date: _____ Signature: _____

Signature: _____

