

THE EDUCARE CENTRE

ENROLMENT FORM

PERSONAL DETAILS OF CHILD:

Surname: _____

First names: _____

Date of Birth: _____ Sex: _____

Religion: _____

Please underline time slot required: Permanent full afternoon, Perm half afternoon, Casual

PERSONAL DETAILS OF PARENT / GUARDIAN:

MOTHER

FATHER

Title: _____

Surname: _____

First Names: _____

I.D. Number: _____

Residential Address: _____

Home Phone No: _____

Occupation: _____

Business Address: _____

Work Phone No: _____

Cell Phone No: _____

Email Address: _____

Accounts / Correspondence to be forwarded to: _____

GENERAL INFORMATION:

In the event of an emergency, if neither mother nor father can be contacted, who should Educare contact? Name of contact person: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship to child: _____

Name of Doctor if required: _____ Phone number: _____

Any condition, medical or otherwise that we need to be aware of: _____

May your child be given Panado if deemed necessary by us? _____

DECLARATION:

I, the undersigned parent/guardian of _____ hereby request enrolment at the above facility. I will ensure that my child will, to the best of my ability, abide by the rules and regulations as laid down and circularised from time-to-time. Further to the above, all monies due by me will be paid in accordance with the specified tariffs. Failure to comply with said payments will disqualify my child from the Educare facility with immediate effect.

Signature of parent/guardian: _____ Date: _____