

Beautiful Minds Preschool



ENROLMENT FORM

Application date: ____/____/____

Admission date: ____/____/____

A. Information of the child

Surname: _____

Full names: _____

Nick name: _____

Date of birth (YY/MM/DD): _____

Home Language: _____

Gender: Male

Female

With whom is the child living: _____

B. Information of the parents / guardian

Parent A

Surname: _____

Name: _____

ID Number: _____

Occupation: _____

If self-employed please indicated in which industry: _____

Work: (____) _____

Home:(____) _____

Cell: (____) _____

E-mail Address: _____

Parent B

Surname: _____

Name: _____

ID Number: _____

Occupation: _____

Work: (____) _____

Home: (____) _____

Cell: (____) _____

E-mail Address: _____

Home Address (*domicilium citandi et executandi*):

Home Address (*domicilium citandi et executandi*):

Postal Address: _____

Postal Address: _____

C. Particulars of persons that can be contacted in case of an emergency

(when parents cannot be reached):

Name and Surname: _____ Telephone number: _____

Name and Surname: _____ Telephone number: _____

D. Authorization for collection of child/children from preschool

I, _____, being the parent / guardian of

Hereby authorize the following person/s to collect my child from Beautiful Minds Preschool:

1. _____

2. _____

3. _____

4. _____

E. Medical Report

1. Has your child received all the necessary immunization? Yes No

2. Does your child suffer from any allergies? Yes No

If yes, please specify:

3. Is your child currently on any medication? Yes No

If yes, please specify (Ritalin, Epilim etc.): _____

4. Has your child previously received any therapy Yes No

If yes, please specify (speech, occupational, etc.): _____

general state of child's health: _____

Please specify any special arrangements regarding your child (allergies, bringing own food, Hallaal, Vegetarian):

Doctor information:

Family Doctor: _____ Telephone number: _____

Address: _____

Medical Aid Society: _____ Medical Aid No: _____

I accept that Beautiful Minds Preschool:

- May consult a doctor if I cannot be reached in an emergency
- Cannot be held responsible for necessary doctor's fees and medication.

F. General:

- I have received a copy of the school rules and regulations Yes No
- I hereby grant full indemnity to Beautiful Minds Preschool against any claim that may arise due to injury, health or ailment whilst my child is in the care of the school.
- I undertake to give **ONE CALENDAR MONTH'S NOTICE IN WRITING** before I take my child out of Beautiful Minds Preschool OR pay one month's fees in lieu of notice.

Following documents must be attached with enrolment:

- ID's of both parents
- Birth certificate of the child

We will be taking photos and short videos of parties and events throughout the year. The photos will be used for classroom projects, scrapbooks and be posted on the information board. We may also post some school events on our website/Facebook. If you would prefer your child's photo NOT be on the website/Facebook please indicate below.

I _____, parent/guardian of
_____ give Beautiful Minds Preschool permission to take photos of my child for
use:

- in the classroom Yes No
- on our website/Facebook Yes No

Signature of MOTHER/GUARDIAN

Signature of FATHER/GUARDIAN

Signature of principal

Date