

DATE OF ENROLMENT: _____

SECTION A:

GENERAL PARTICULARS:

1. PARTICULARS OF CHILD 1

Surname of child: _____

Full names: _____

First name: _____

Date of birth: _____

Gender: Male / Female:

Home language: _____

Tel. No: _____

ID number: _____

Allergies: _____

Medical Conditions: _____

2. PARTICULARS OF CHILD 2

Surname of child: _____

Full names: _____

First name: _____

Date of birth: _____

Gender: Male / Female:

Home language: _____

Tel. No: _____

ID number: _____

Allergies: _____

Medical Conditions: _____

3. PARTICULARS OF CHILD 3

Surname of child: _____

Full names: _____

First name: _____

Date of birth: _____

Gender: Male / Female:

Home language: _____

Tel. No: _____

ID number: _____

Allergies: _____

Medical Conditions: _____

4. PARTICULARS OF PARENTS / GUARDIANS:

Father still alive? YES / NO Mother still alive? YES / NO

Parents separated? YES / NO If separated, child lives with FATHER/MOTHER

Parent responsible for Day-care fees: FATHER / MOTHER

Father:

Name and Surname: _____

ID number: _____

Home Language: _____

Residential address: _____

Postal Address: _____

Email address: _____

Occupation: _____

Name of Employer: _____

Tel. Work: _____ Home: _____ Cell: _____

Mother:

Name and Surname: _____

ID number: _____

Home Language: _____

Residential address: _____

Postal Address: _____

Email address: _____

Occupation: _____

Name of Employer: _____

Tel. Work: _____ Home: _____ Cell: _____