

little



WHERE LEARNING & FUN GO HAND IN HAND

41 Dalrymple Street | 10-12th Avenue, Northmead, Benoni

Tel/Fax 011 425-0310

Email: einsteinsnurseryschool@gmail.com

ENROLMENT FORM:

Enrolment date: _____

Surname and full name of child:			
Nick name:		Home language:	
Date of birth:		Age:	Gender:
Home address:			
		Home tel:	
Previous school attendend:		Tel:	

Parents Details

Surname & name of mother:			
Mother's ID number:		Occupation:	
Company name & address:			
Work tel:		Cell number:	
Email:			
Surname & name of father:			
Father's ID number:		Occupation:	
Company name & address:			
Work tel:		Cell number:	
Email:			
Marital status: Married/Traditional Married/Widow/er/Divorced/Alienated/Single			
Other children in the family:	Yes	No	Number: Ages:
Person responsible for account:			
ID number:		Tel:	
Name of person who may collect child/children:			
Medical Aid:		Medical Aid number	
Doctor:		Tel:	
Any allergies/chronic illnesses:			

Family member or a friend we can contact in an emergency (if parents are not available)

1. Name:		Relationship	
Tel: (w)		Tel: (cell)	
2. Name:		Relationship	
Tel: (w)		Tel: (cell)	

Herewith I certify that all the above information is true to the best of my knowledge. I also give Einsteins Institute of Fun permission to do a background check on all information given. The personal information hereby provided by the client will be used and processed as is necessary to carry out actions and functions for the conclusion or performance of the agreement entered into between parties. The confines of the agreement will not be overstepped and the documentation collected and/or personal information given will not be used for any other purpose other than that of the performance of the agreement unless otherwise required by Law or authorisation obtained

Signature of parent/gaurdian

Date