



Reg nr: 15/5/13/2/2C11347

Contact: 072 129 5858 or fun4friends@vodamail.co.za

Address: 45 Gazania street Welgemoed 7530

## Application form

### Childs information

Surname	
Full name	
Name used in General	
Gender	
Date of birth	
Home language	
Number of children in family	
Position in family	
Religion	
Address	
Full or half day	
Starting date	
Previous school	
Who will bring / collect child to / from school	
Who does the child live with	

### Parents information

	Mother	Father
Surname		
Full name		
ID nr		
e-mail		
Cell		

Home telephone		
Work telephone		
Address		
Occupation		
Company		
Medical information		
Medical history		
Allergies		
Asthma		
Operations		
Disabilities in family		
Immunization up to date		
Any other info we should know of		
GP / Pediatrician	Name: Tel:	
Medical fund	Comp: Plan: Nr:	
Alternative contact nr incase of emergency		
<b>Name</b>	<b>Contact nr</b>	<b>Relationship</b>
1.		
2.		
3.		

**Please attach the following**

- 1. Birth certificate**
- 2. ID of both parents**
- 3. Clinic card**