

## Enrolment Form

Date of Application: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Child's Details:

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Name by which child is known: \_\_\_\_\_

Home Language: \_\_\_\_\_ Nationality: \_\_\_\_\_

Position in Family (Youngest, Middle, Oldest): \_\_\_\_\_

No of children in family: \_\_\_\_\_ Religion: \_\_\_\_\_

Is there a sibling currently in the school? \_\_\_\_\_ Name of sibling: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Special Needs/Dietary requirements/Allergies

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact people in case of Emergency OTHER than parents:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

### Parent Details:

#### **Mother:**

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Tel Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Tel Work: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_



**Father:**

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Tel Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Tel Work: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**Doctor Details:**

Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Medical Aid No: \_\_\_\_\_

Main Member: \_\_\_\_\_

*Please submit all inoculation certificates, vaccination reports and any important medical history information along with this form.*

**Details of who will be collecting your child:**

Mothers Car: \_\_\_\_\_ Car Reg: \_\_\_\_\_

Fathers Car: \_\_\_\_\_ Car Reg: \_\_\_\_\_

If there are other people who will be collecting your child with different car details, please list below:

Name: \_\_\_\_\_ Car: \_\_\_\_\_ Car Reg: \_\_\_\_\_

Name: \_\_\_\_\_ Car: \_\_\_\_\_ Car Reg: \_\_\_\_\_

Name: \_\_\_\_\_ Car: \_\_\_\_\_ Car Reg: \_\_\_\_\_

- *If no one from this list is able to collect your child on a certain day please inform the school before school ends on that persons particulars; your child will not be allowed to leave the school premises without prior knowledge from the school.*

**Please email back to [charisse@cherrylanemontessori.co.za](mailto:charisse@cherrylanemontessori.co.za)**