

Registration form:

PERSONAL INFORMATION		ENROLMENT DATE:	
Child's name and surname:		Date of birth:	
Gender:		Religion:	
Home Language:			
Previous School:			
Position in Family (1st, 2nd, only child)			
Details of Mother:		Details of Father:	
Full Name:		Full Name:	
I.D. Number (please include a photocopy of your ID)		I.D. Number (please include a photocopy of your ID)	
Physical address:		Physical address:	
Postal address:		Postal address:	
Home phone no:		Home phone no:	
Work phone no:		Work phone no:	
Cell Phone no:		Cell Phone no:	
E-mail address:		E-mail address:	
Occupation:		Occupation:	
Hobbies/interest:		Hobbies/interests:	
Contact person (other than parent) Emergency no 1:			
Contact person (other than parent) Emergency no 2:			

MEDICAL INFORMATION (please attach a copy of your child's immunization card)

Child's Pediatrician:	Contact phone no:
Family Doctor:	Contact phone no:
Vaccinations:	Prior illness:
Allergies:	
Medical Aid:	Membership number: (please include a photocopy of card)
In emergency, which parent should be contacted?	
Does your child have any special diet?	
Do you have any special requests for your child?	

I, _____ Parent/Guardian of _____ declare that the above information is correct and agree to abide by the rules and regulations and the terms and conditions which are attached to this document.

PARENT'S SIGNATURES:

MOTHER: _____ Witness 1: _____
 FATHER: _____ Witness 2: _____
 Date: _____