10 Queen Street

Durbanville

7550

Date of enrolment: (dd/mm/yy)



www.kidsrepublic.co.za

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ENROLMENT FORM

Date of application: (dd/mm/yy)	
PLEASE TICK THE APPROPRIATE BOX	
Yellow Stars (2-3 years) Full Day	
Yellow Stars (2-3 years) Half Day	
Blue Stars (3-4 years) Full Day	
Blue Stars (3-4 years) Half Day	
Red Stars (4-5 years) Full Day	
Red Stars (4-5 years) Half Day	
CHILD'S INFORMATION:	
Full name:	
Surname:	
Date of birth: (dd/mm/yy)	
Gender:M/F	
Home Language:	

Residential Address:
Postal Address:
Has your child had all the required immunizations?Y/N
Please supply the school with a copy of your child's immunization chart.
Does your child have any allergies (please list if yes)?
Dietary restrictions?
Previous school history?
Who will be dropping and fetching your child (name and contact number)?
1
2
3

PARENT INFORMATION

Mother's full name:	
ID Number:	
Occupation:	
Employer:	
Working Hours:	
Contact Details:	
Tel No: Home:	Work:
Cellphone:	Email:
Address if different from child:	
Father's full name:	
ID Number:	
Occupation:	
Employer:	
Working Hours:	
Contact Details:	
	Work:
Cellphone:	Email:
Address if different from child:	
Person responsible for payment:	
EMERGENCY INFORMATION:	
Alternative Contact:	
Relation:	
Tel No:	Cellphone:
Doctor's Name:	
Tel No:	

Parent/Guardian Name

Parent/Guardian Signature

By signing this document you undertake to adhere to all the Rules and Regulations as set out by Kid's Republic in the 'Law of the Land' document. Please ask the school for a copy of one, should you not have received one.