



(attach child ID photograph here)



Registration Form: Sunny Smiles Day Care Centre (Pty) Ltd (2018/592077/07)

- This is an application in respect of:
- Mon-Fri for my childcare for my child, between 3 – 12 months
- Mon-Fri for my child, between 1 – 2 years
- Mon-Fri for my child, between 3 – 4 years
- Mon-Fri for my child, between 5 – 6 years

Mon-Fri after school and/or extra lessons for my child in nursery and/or primary school

1. Child's Details:

Date which child will begin school ___/___/_____

Surname: _____

Full names: _____

Nickname: _____

Gender: Female Male

Potty Trained: Yes No

Date of Birth: ___/___/_____

Home Language(s): _____





Nationality: _____

Religion: _____

Food restrictions: _____

Special needs: _____

Other additional information:

2. Details of Parents

Name(s) and Surname of Father: _____

Physical address: _____

Postal address: _____

_____ Postal code: _____

Work Telephone: _____ Cell phone: _____

Home number: _____ E-mail: _____



Scan me!



Name(s) and Surname of _____

Mother: _____

Physical address: _____

Postal address: _____

Postal code: _____

Work Telephone: _____ Cell phone: _____

Home number:

E-mail: _____

3. Marital Status of Parents

Married Unmarried Divorced Widow/Widower

4. Contact details of person who will pick up child if parents are not available: Name(s) and Surname: _____

Relationship: _____

ID/Passport Number: _____

Postal address: _____

Postal code: _____

Work Telephone: _____ Cell phone: _____





Home number: _____ E-mail: _____

5. Alternative Relatives (not living at the same address as the parents, in case of emergency):

Relative 1 Name(s) and Surname: _____

Relationship: _____

ID/Passport Number: _____

Physical address: _____

_____ Postal code: _____

Work Telephone: _____ Cell phone: _____

Home number: _____ E-mail: _____

Relative 2 Name(s) and Surname: _____

Relationship: _____

ID/Passport Number: _____

Physical address: _____

_____ Postal code: _____

Work Telephone: _____ Cell phone: _____

Home number: _____ E-mail: _____





6. Medical Aid Details:

Medical Aid Name: _____

Membership No: _____

Main Member's Name and Surname: _____

Doctor's name and surname: _____

Doctor's Telephone/Cellphone No: _____

Doctor's Address:

_____ Postal Code: _____

Is your child prone to headaches, sore throats or ear aches? (Please give details):

Has your child had any serious operations or accidents? (Please give details):

Does your child have a history of epilepsy or any other convulsions? (Please give details):

Allergies: _____

Chronic Disease: _____

Medication: _____ Dosage: _____



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Any other medical problems that we need to be aware off please write below:

In case of emergency, may your child be treated by a local doctor? Yes No

I, _____ hereby accept the rules and regulations of the school. I grant my powers as parent/guardian to the Principal of the school, or her representatives should medical treatment be required for my child. I accept that all reasonable precautions will be taken for the safety and caring of my child, and that I will be **held responsible for paying medical or hospital accounts.**

7. Details of person responsible for payment:

Name(s) and Surname: _____

ID/Passport Number: _____

Occupation: _____

Postal address: _____

_____ Postal code: _____

Employer: _____

Employer address: _____

_____ Postal code: _____

Work Telephone: _____ Cell phone: _____





Home number: _____ E-mail: _____

I acknowledge that I understand the rules set out by the school (Refer to school rules and regulations) and undertake to pay the monthly school fees in advance and give one month's notice to remove my child from school.

School fees are to be paid every month in advance, before or on the 1st day of each month. School fees will be paid for 12 months of the year (January – December). All parents must kindly adhere to avoid disputes.

Signed: _____

Date: ___/___/_____

8. Permission and indemnity

I, _____ the legal parent/guardian of
_____ (full names & surname of child),

hereby grant permission that my above-mentioned child may participate in all activities of Sunny Smiles Day Care Centre, which includes games, educational outings and activities and the use of all equipment and toys.

I, the undersigned _____ (full names & surname),

ID number _____, legal parent/guardian of
_____ (full names & surname of child),





hereby indemnify and undertake to maintain such indemnity regarding Sunny Smiles Day Care Centre, any director of the company, the principal, staff and/or any person(s) that act on instruction of Sunny Smiles Day Care Centre, on behalf of myself, my executors, my spouse and child in respect of all actions, lawsuits, liabilities, claims, compensation, costs and expenses that may arise as a result of any loss, injury or damage of the person or property of my child that may occur during a school day/ sport day on the premises of Sunny Smiles Day Care Centre as well as during any participation such activities.

Please attach the following documents:

- 1. Copy of child's birth certificate**
- 2. Copy of child's immunisation card (Road to Health Card)**
- 3. Child's ID photograph to be attached on the application form**
- 4. Copies of parents' ID or passport**
- 5. If on medical aid, copy of medical aid card**



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