



ENROLMENT FORM

Please complete the form in full, initial on each page and return along with copies of: Both parents' ID documents, Child's Birth Certificate, Immunisation Records and Registration Fee of R400. Note the registration fee is non-refundable.

Name and Surname of child: _____

Date of Birth: _____

Gender of Child: _____

Mother's Full Name: _____

ID Number: _____

Occupation: _____

Employer: _____

Work Tel Number: _____

Cell Number: _____

Email Address: _____

Marital Status: _____

Father's Full Name: _____

ID Number: _____

Occupation: Employer: _____

Work Tel Number: _____

Cell Number: _____

Email Address: _____

Marital Status: _____

Address where child lives: _____

Family or friends who can be contacted if parents are not available:

Name and Surname: _____

Relationship to child: _____

Cell Number: _____



Medical Information:

Medical Aid Name: _____

Membership Number: _____

Main Member: _____

Family Doctor: _____

Doctor Tel Number: _____

Is your child allergic to anything? Yes No

If 'yes', please give full details: _____

Any other special needs or problems we should be aware of: : _____

Is your child on any daily medication? : _____

I, _____ hereby grant THE NURTURY and staff of THE NURTURY permission to administer medical treatment to my child, _____, should an emergency occur.

Parent Signature: _____

Parent Signature: _____

Banking Details:

Account Name: The Nurtury | Bank: FNB | Account No: 62914310199 | Reference: Child's Name and Surname