



**Enrollment form**

Admission number \_\_\_\_\_

**TO BE COMPLETED BY CHILD'S PARENT OR GUARDIAN**

1. Full name of child (as per ID document)

\_\_\_\_\_

2. Name by which child likes to be known \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ ID Number \_\_\_\_\_

(PLEASE GIVE DETAILS OF LEGAL CAREGIVER BELOW IF PARENT NOT AVAILABLE)

4. Name of Mother (Caregiver) \_\_\_\_\_

Name of Father (Caregiver) \_\_\_\_\_

5. Occupation of Mother \_\_\_\_\_

a. Place of work of Mother(Caregiver): \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Telephone Number \_\_\_\_\_

6. Occupation of Father \_\_\_\_\_

a. Place of work of Father \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Telephone \_\_\_\_\_

7. Monthly income of Mother \_\_\_\_\_

Monthly income of Father \_\_\_\_\_

8. Home Address of Child \_\_\_\_\_

a. Name of person who cares for a child at home \_\_\_\_\_

b. Contact details \_\_\_\_\_

9. Name of person (s) who will bring and fetch child(den) from ECD site

\_\_\_\_\_

a. Contact details \_\_\_\_\_

10. If the child is injured or taken ill at school (ECD Site, whom would you like us to contact?

\_\_\_\_\_



11. Names of other brother and sisters at the ECD Site:

12. I, the mother/guardian of the above-mentioned child, hereby promise and undertake to pay, monthly in advance, the **fee charged for the child's Care, to the principal not later than the Second day of the month.**

13. I further undertake to abide by the rules laid down by CEO site Management and to sign the indemnity form

14. **If I should remove the child from the care of the ECD site** before the child reaches the maximum age of attendance, I agree to give notice of this one calendar month in advance

\_\_\_\_\_  
SIGNATURE OF MOTHER/GUARDIAN/CAREGIVER

\_\_\_\_\_  
SIGNATURE OF FATHER/GUARDIAN/CAREGIVER

Signature of Witness: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

FOR OFFICE USE:

1. Enrolled on: \_\_\_\_\_

2. Discharged on: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL/SUPERVISOR

