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Enrolment Form

Date of Enrolment:

Child's Details

Surname			
Christian Names			
Date of Birth			
ID Number			
Age at Entry			
Allocated Class			
Child's Gender		Male	Female

Parent Details

	Mother	Father
Surname		
Christian Names		
Date of Birth		
ID Number		
Occupation		
Employer's Name		
Home Address		
Postal Address		
Landline (Home)		
Landline (Office)		
Mobile Number		
Emergency contact - NB! Must be different to Mother and Father		
Name/Relationship		
Telephone number/s		

Medical and Health

Has your child ever broken a limb?			Yes		No
Please specify					
Does your child have any particular fears?			Yes		No
Please Specify					
Does your child take regular medication?			Yes		No
Please specify					
Do you have a family history of Dyslexia, hyperactivity, or other learning difficulties or special needs?			Yes		No
Please specify					
Are there any special medical, physical or emotional needs that the school should be aware of?			Yes		No
Please specify					
In the event of a dire emergency, may we take your child to the local doctor? NB! You will be liable for the medical charges			Yes		No
Is your child potty trained?			Yes		No
Has your child had any of the following illnesses? Please tick if "Yes"					
	Croup		Asthma		Mumps
	Chicken Pox		Eye Infections		Ear Infections
	Rubella		Encephalitis		Whooping Cough
	Scarlet Fever		Bladder Infections		Tonsillitis
	Respiratory Tract Infections		Prone to Thrush		Skin Rashes
Any others, please specify					
Does your child have allergies to, or intolerances for, any of the following? Please tick if "Yes"					
	Bee stings		Peanuts		Fish
	Lactose (Dairy)		Pet hair		Dust
	Gluten		Wheat		Sucrose
	Analgesics	Please specify			
	Anti-biotics	Please specify			
	Preservatives	Please specify			
	Any others	Please specify			
Details of any surgery your child has had		None			
Surgery				Age	
Surgery				Age	

Family History

Child's place of birth and nationality					
Is your child adopted?		Yes		No	If yes, at what age?
Does your child know about the adoption?					
Names and ages of siblings	Name and age		Name and age		
	Name and age		Name and age		
Child's place in family		Oldest		Middle	Youngest
Parents marital status		Married		Divorced	Separated
If divorced/separated, who does the child live with?					
What are the visiting arrangements?					

Billing Information

Person responsible for payment of school fees	Name	
	Postal Address	
	Home Address	
	ID Number	
	Office Landline	
	Home Landline	
	Mobile Number	
Next of kin not living with you	Name	
	Address	
	Telephone number	

I, _____ (name), _____ (ID/Passport number), hereby confirm that all the above information that I have supplied is true and correct at the time of signing this document.

Signed at _____ (place), on this day ____ (date) _____ (month) 20__ (year)

Parent

School head

Documents Required:

1	ID/Passport document for both parents
2	Child's birth certificate/Passport
3	Child's Immunization Certificate
4	Proof of Residence