



Please include the following:

- Copy of child's Birth Certificate
- Copy of bother parents ID's
- Copy of child's vaccination chart
- Copy of the Medical Aid Card (in Case of Emergency)

CHILD'S DETAILS:

Name:				Surname:		
Date of Birth:				Age:		
Home Language:				Other Languages:		
Gender:				Religion:		
Full Day: (Tick)	Half Day (tick)	Per Day (Tick)		M Tu W Th F (Circle Days)	Age of Siblings:	

PARENT DETAILS:

	Father	Mother
Name:		
Tel (W):		
Tel (H):		
Cell:		
Email address:		
ID No		
Occupation:		
Employer:		
Residential Address:		

Car Reg.		
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ADDITIONAL CONTACT INFORMATION:

Name:		
Tel (W):		
Tel (H):		
Cell:		
Relationship:		
Car Reg.		

MEDICAL INFORMATION:

Allergies:					
Medical Conditions:			Special Dietary Requirements:		
Special Disabilities:					
Doctors Name:			Contact Number:		
In case of emergency, paramedics will be contacted. If your child has to be taken to a Hospital, name Hospital of your preference. (Please mark with x)					
Olivedale Hospital	☐	Wilgeheuwel Hospital	☐	Life Flora Clinic	☐
Medical Aid:			Principal Member:		
Medical Aid Number:			ID Number:		
I hereby give consent that my child may receive any necessary first-aid and/or medical treatment in case of any emergency.					
Mother's Signature			Father's Signature:		
Signed At:			Date:		

If no one from this list is able to collect your child on a certain day please inform the school before school ends on that persons particulars; your child will not be allowed to leave the school premises without prior knowledge from the school.

Please email back to me goretti@appletotsmontessori.co.za or admin@appletotsmontessori.co.za