



ENROLMENTS FORM

1. Child Information

Full Name & Surname:	
Date of Birth:	
Age:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Language:	
Birth Certificate Number	
Nationality:	

2. Parent / Guardian Information

Parent / Guardian 1

Full Name & Surname:	
Relationship:	
ID Number:	
Cell Number:	
Alternative Number:	
Email Address	
Home Address:	

Parent / Guardian 2

Full Name & Surname:	
Relationship:	
ID Number:	
Cell Number:	
Alternative Number:	
Email Address	
Home Address:	



3. Emergency Contact Information

(Other than Parent/Guardian)

Full Name:	
Relationship to Child:	
Cell Number:	
Alternative Number:	
Residential Address:	

4. Medical Information

- Medical Aid Name: _____
- Medical Aid Number: _____
- Main Member Name: _____
- Doctor's Name: _____
- Doctor's Contact Number: _____

Does your child have any of the following?

Condition	Yes	No
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Special Dietary Needs	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>

If its others please state:

Doctors / Medication Instructions



5. Development & Learning Information

- Has your child attended preschool/ day-care before?
 - Yes
 - No

If yes, name of previous school:

6. Enrolment Information

- Date of Enrolment: _____
- Starting Date: _____
- Class Group:
 - 3 months -2 Years
 - 3-4Years
 - 4-5 Years
 - Grade R

Days Attending

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Saturday aftercare

Please note that the **SATURDAY AFTERCARE** is not included in the **WEEKDAYS FEES**, this is charged separate and you pay it on day to day base.

Full day	7:00 am – 4:00 pm	extra 300 per day
Half day	7:00am – 1:00pm	R150 per day

- Saturday Interested Maybe



Collection Time

- Half Day
- Full Day
- Aftercare

7. Authorized Persons for Pick-Up

Option 1

Full name and surname	
Relationship	
Contact details	

Option 2

Full name and surname	
Relationship	
Contact details	

Please provide us with the ID copy of each person authorised to pick the child.

8. Consent & Permissions

Please tick where applicable:

- I give permission for my child to participate in all school activities.
- I consent to emergency medical treatment if necessary.
- I allow photographs/videos of my child for school marketing and social media purposes.
- I understand that school fees must be paid on time by the 1st of each month.
- I agree to follow the preschool's policies and rules.



9. Parent / Guardian Declaration

I confirm that all information provided in this application form is true and correct.

Parent/Guardian Name:

Signature:

Date:

Banking Details

Bank name: Capitec Business
Account holder : Charisma Kids Academy
Account type: Current
Account number: 1055233067
Branch code: 450105

OFFICE USE ONLY

- Registration Fee Paid: _____
- Admission Approved:
 - Yes
 - No
- Class Assigned: _____
- Accepted By: _____
- Date: _____