

# APPLICATION FOR ADMISSION TO AN ECD CENTRE

ECD CENTRE NAME: .....

Does the child have a birth certificate?										NO		YES															
If no, state the reason										Applied		Not Applied		Other, state:.....													
Does the child have an immunisation card?										NO		YES															
Child's Surname:										Gender:		Male		Female													
Child's First Names:										Nick Name / Name known by at home																	
Date of Birth: Year										Month		Day		Age:													
ID Number:																											
Race:										African Black		Coloured		Indian		White		Other									
Citizenship:										SA Citizen		Non-SA Citizen: Specify															
Home Address:																											
City/Town:										Code:																	
Home Contact Number:																											
Emergency Contact Person:																											
Emergency Contact Number:																											
Home Language:										IsiZulu		English		Afrikaans		Other.....											
Is the child receiving social grant?										YES		NO		Grant Type		Child Support		Forster Child		Care-Dependency		OVC		YES		NO	
<b>PARENT/GUARDIAN INFORMATION</b>																											
Title										Surname:																	
First Name/s:										Marital Status:																	
Gender:										Male		Female		ID/Passport Number													
Home Language:										Race																	
Relationship to a child										Father		Mother		Guardian													
Does the child resides with this parent/s										YES		NO															
Are you the Account Payer?										YES		NO															
Occupation:										Employer:																	
Contact Number/s:										Cell Number																	
										Home																	
										Work																	

## SIGNATURES:

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

ECD Centre Official: \_\_\_\_\_

Date: \_\_\_\_\_