



Smart Kiddo Learning Centre & Aftercare

Address: No. 300 Panorama Road, The Reeds, Centurion, 0157

Contact Number: 061670 6550 / 083 4364 769

Email address: smartkiddolearningcentre@gmail.com

REGISTRATION FORM

Details of the Child

First Names		Known as	
Surname		Home Language	
Gender		Age	
Date of Birth		Starting date	

Previous Pre-School \ Nursery School Attended

Name of School	
Suburb / Town	
Province	

Medical Information

Medical Aid Scheme		Membership no	
Doctor's name		Doctor's Tel	
Allergies or Chronic Illness			

Smart Kiddo Learning Centre transport (tick) : **Yes / No**

Person Responsible for account : **Mother / Father**

Person Responsible for collecting the child : **Mother / Father / Guardian**

Specify:

PARENTS INFORMATION

Information	Father	Mother
Full names		
Surname		
Id number		
Physical address		
Occupation		
Employer Name & Address		
Cell Number		
Work telephone number		
Email		
Please sign the attached consent and indemnity form		

EMERGENCY AND NEXT OF KIN INFORMATION

Information	Guardian	Next of kin
Full names		
Surname		
Address		
Relationship to the child		
Cell Number		
Email:		

ADMISSION FEE FOR 2025

Registration fees	R700 new kiddo / returning R350
School fees non-refundable	R 2 500 (January to December)
Family Discount	R400 per Family
School uniform	R170 T-shirt
	R500 tracksuit
Transport	R400 single trip (around the Reeds)
Cancellation Notice	1 Month Notice (November Notice not accepted)



CONSENT AND INDEMNITY FORM

I/We, the undersigned, agree to abide by the **Smart Kiddo Learning Centre and Aftercare** rules.

I/We agree to pay an **R700.00 NON-REFUNDABLE** registration fee per child within two days of beginning at Smart Kiddo Learning Centre and Aftercare. **School fees are non-refundable and must be paid in full from January to December.**

Signature _____ **Date** _____

Should immediate Medical Treatment be required for my child, I accept that all precautions and measures will be taken for the safety and well-being of my child. The school will not be held responsible for the **Medical Bills if the child does not have the Medical Aid.**

Signature _____ **Date** _____

I/We grant permission for my/our child/children to participate in all outside activities as well as other activities organized by the Smart Kiddo Learning Centre and Aftercare, as well as to use the Pre-school bus/car/transportation or any other mode of transportation as determined by the school.

Signature _____ **Date** _____

I/We hereby acknowledge that I/We have read and understood the application and enrolment conditions and obligations.

Signature _____ **Date** _____

Our Banking Details

Standard Bank, Smart Kiddo Learning Centre and Aftercare

10180566901

Reference: Name & Surname



FOR OFFICE USE ONLY

Enrolment Form full completed	
Copy of Child's Birth certificate /Clinic card attached	
Consent and Indemnity form signed	
Parent Handbook issued	
Registration fee paid	
Unique Family Reference Number issued	

Checked by:

Signature:

Date:

School Stamp
