

Enrollment Form

Child Information

Name _____
Date Of Birth _____ Gender ☐ Male ☐ Female
Home Language _____ Nickname _____
Nationality _____
Religion _____ Previous Pre-school _____
Enrollment Date _____ Half/Full Day _____

Any additional information the school needs to know regarding your child: _____

Child Details-Medical

Doctor's Name _____ Medical Aid Name _____
Doctor's No. _____ Medical Aid No. _____
Doctor's Address _____ Main Member _____
Allergies/Medication _____

Parent Details

Title _____ Name _____ Contact No. _____
Id No _____ Address _____
Company Address _____ Occupation _____
Email Address _____ Home Address _____
Allergies/Medication _____
Lives with child? ☐ Yes ☐ No

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Additional Information

Please provide any additional information or special requests below.

Emergency Contact Information

Name _____ Relationship _____
Phone Number _____ Email _____

Consent

I.....hereby absolve SmallSteps pre-school Centre and its owner and respective employees from any financial, judicial or medical claim resulting from any injury, howsoever caused / sustained by my child, or death of my child from any cause, while on the school premises or any outing organized by the school during my child's enrollment as a pupil at Little People's Place Montessori Centre. An employee, acting on behalf of the school, in the event of an accident, will not be held personally responsible for any costs, should any 3rd party claim arise. The parking area is used at your own risk. The school and staff members do not take any responsibility for incidents or any damage to your vehicle.

Patient's Signature

Date

Office Use Only

Enrollment Date _____ Full/Half Day _____

Teacher: _____

Confirmation ☐ Yes ☐ No

Notes
