

Khulani Pre-School

Child Admission Form

Child

Full Name and Surname:

Date of Birth:.....

ID Number:

Home Language:

Gender :

Parent, Guardian or Caregiver

Full Name and Surname:

ID :

Telephone number :

Home Address :

Place of Work :

Income Per Month :

Number of Dependents under 18 years :

Emergency number :

Name and phone number of child's regular doctor or clinic :

Medical issues :

Allergies :

This form must be returned with the :

- Copy of Child's Clinic Card/Health Card
- Copy of Child's Birth Certificate
- Parent ID Copy
- A Pay Card Or Salary Slip Or Copy of Child Support Grant For Parent

I Agree To Pay The School Fees Of R..... Per Months And To Follow The Rules And Regulations Of The Center

Signed:

Date :202

For Office Use Only

Date Recieved:

Date & Time Of Interview:

All Forms Recieved:

Date accepted: