



CRECHE ENROLMENT APPLICATION FORM

Established: 2012

CHILD'S YEAR OF BIRTH _____

Director & Principal
Dr. F. Nharara

CHILD INFORMATION

Surname								
Names (As they appear on birth certificate or ID)								
Preferred Name								
Gender (Tick relevant)	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Race	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Language	<input type="text"/>							
Learner Cell Phone Number	<input type="text"/>							
First admission date at Solid Beginnings Pre-School	<input type="text"/>				Class	<input type="text"/>		

Grades enrolled for in	Year	2022	2023	2024	2025	2026	2025	2026
	Grade	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical information

Does the child have a condition that requires special attention?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If "Yes", state the condition or medication	<input type="text"/>				
Does the learner suffer from any allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If "Yes", state the allergies	<input type="text"/>				
Medical Practitioner/ Family Doctor's Name	<input type="text"/>			Tel number	<input type="text"/>

Medical Aid Information

Main Member's Name	<input type="text"/>		Member number:	<input type="text"/>
Beneficiary's Name	<input type="text"/>			
Are you registered for social grant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mode of Transport to School	Foot	<input type="checkbox"/>	Car	<input type="checkbox"/>
			Taxi	<input type="checkbox"/>
Transporter's Name and Contact Details	<input type="text"/>			

Number of children in the family	<input type="text"/>	Position of learner in the family	<input type="text"/>
Siblings Enrolled at Solid Beginnings	<input type="text"/>		
Sibling 1: Full Names:	<input type="text"/>	Grade:	<input type="text"/>
Sibling 2: Full Names:	<input type="text"/>	Grade:	<input type="text"/>
Sibling 3: Full Names:	<input type="text"/>	Grade:	<input type="text"/>

Immigrants only

Passport Number	<input type="text"/>			Permit No (if available):	<input type="text"/>	
Country of Origin	<input type="text"/>					
Date of Entry in South Africa	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>

(A) Father (If deceased the Guardian)

Are you the person responsible for the account?	Yes			No		
Relationship to learner	Father			Guardian		
Title		Surname				
Name						
ID / Passport Number						
Occupation						
Employer						
Home telephone Number						
Work telephone Number						
Cell phone Number						
Email						
Residential address						
Street				Number		
Suburb						
Town / City						
Province						
Country				Postal code		
Postal address if different from residential address						
P.O.Box / Private Bag Number						
Suburb						
Country				Postal code		

(B) Mother (If deceased the Guardian)

Are you the person responsible for the account?	Yes			No		
Relationship to learner	Mother			Guardian		
Title		Surname				
Name						
ID / Passport Number						
Occupation						
Employer						
Home telephone Number						
Work telephone Number						
Cell phone Number						
Email						
Residential address						
Street				Number		
Suburb						
Town / City						
Province						
Country				Postal code		
Postal address if different from residential address						
P.O Box / Private Bag Number						
Suburb						
Country				Postal code		

(C) Person with whom Learner lives if not with A or B

Are you the person responsible for the account?	Yes		No	
Relationship to learner				
Title		Surname		
Name				
ID / Passport Number				
Occupation				
Employer				
Home telephone Number				
Work telephone Number				
Cell phone Number				
Email				
Residential address				
Street			Number	
Suburb				
Town / City				

(D) Person to contact in case of emergency

In case of emergency and A, B and/or C are not available, who should we contact?

Relationship to learner				
Title		Surname		
Name				
Telephone Number				
Cell phone Number				

Living with	Both parents		Mother		Father		Guardian	
	Grandparents		Brother		Sister			
Deceased	Both parents		Mother		Father		None	

Only the parents/guardians may fetch learners from school. Please submit the name and ID number of any other person who may collect your child from school.

Name & Surname: _____ Cell number: _____

Undertaking to Pay All Fees and Other Financial Commitments

I, the parent / Legal guardian of _____ whose information is contained in (A) and/or (B) and/or (C) hereby accept the irrevocable responsibility to pay the full amount of money that is due to SOLID BEGINNINGS NURSERY & DAYCARE, whether it be for tuition, excursions or statutory fees as contained in the CODE OF CONDUCT and/or any other monies resulting from damages caused by the learner. Failure to pay will result in the school, at its sole discretion barring the learner from the premises and terminating the provision of tuition to the learner. I/We hereby give permission for my/our name(s) to be listed on the bureau as a defaulter should there be any amount outstanding in terms of this agreement. Furthermore, I hereby give permission to allow any queries confirming or to verify my current location at any listed bureau.

Name & Surname Signature Date

Indemnity and Consent to the Processing of Personal Information

I hereby give my consent for my son / daughter (the child) to take part in any standard or extramural activities of the school, including educational games, educational tours, excursions and camps. I fully understand and accept that all the above mentioned activities shall be undertaken at the learner's own risk and I undertake on behalf of myself, family and executors to indemnify, hold harmless and absolve Solid Beginnings Nursery & Day Care, the Principal and his / her staff against and from any or all claim whatsoever that may arise in connection with any loss or damage to the property or injury to the person of the learner in the course of any of the above mentioned activities not withstanding that the school and staff will take all reasonable precautions for the safety and welfare of the learners. I further consent that any media captured during school activities where my child appears may be used on the school media and communication platforms, provided that extra precautionary measures are adhered as per the school's Personal Information Protection Policy guidelines.

Name Parent / Guardian

Date

Signature Parent / Guardian

Acceptance of Contract Conditions

I, the undersigned, hereby declare that:

- a) I received a copy of the prospectus/enrolment conditions: SOLID BEGINNINGS NURSERY & DAY CARE;
- b) I am familiar with the content of the CODE OF CONDUCT: SOLID BEGINNINGS NURSERY & DAY CARE;
- c) I accept and am bound by the conditions contained in the CODE OF CONDUCT: SOLID BEGINNINGS NURSERY & DAY CARE;
- d) I accept that successful enrolment is reliant upon payment of the full registration fee as well as acceptance of the conditions of the Application and of the CONTRACT CONDITIONS: SOLID BEGINNINGS NURSERY & DAY CARE;
- e) All the information provided by me in this application is correct.

Person Enrolling the Child: Name

Father:Name

Mother: Name

Guardian: Name

Person Enrolling the Child: Signature

Father: Signature

Mother: Signature

Guardian: Signature

Date

Date

Date

Date

FOR ADMINISTRATIVE USE ONLY / CHECKLIST

Have the following been received?

Copy of birth certificate / Identity document	Yes	
Copy of immunisation card	Yes	
Parent's ID Copy	Yes	
Copy Proof of Residence		
Registration fees	Yes	
Indemnity and POPI Consent Forms Signed	Yes	
Stationery	Yes	
Required items (Toilet paper, face cloth e.t.c	Yes	

Have the following been signed?

Undertaking to pay the full amount of fees owed	Yes	
Acceptance of /Prospectus/Code of Conduct/School Conditions	Yes	

Application Approved	Yes	No
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Enrolment date	
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