

Pre- Primary Registration form



Nurturing and grooming tomorrow's lateral thinkers today

Please ✓ your preferred option below

Pre-primary	
3-5 years <input type="checkbox"/>	Grade R <input type="checkbox"/>
Half day <input type="checkbox"/> 6 am – 1 pm Aftercare <input type="checkbox"/> 1: 30 – 5:30 pm	
Toddlers	
18 – 36 months <input type="checkbox"/>	Full day 6 am – 5:30 pm
Child's details	
Name/s	Surname
Gender	Age
Date of birth	
Mother's/ Guardian's details nature of relationship to the child: (please ✓) Mother <input type="checkbox"/> Guardian <input type="checkbox"/>	
Name/s	Surname
ID no.	
Title	Contact no.
Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/>	
Home address	
Occupation	Employer
Email address	Work no.
Father's/ Guardian's details Nature of relationship to the child: (please ✓) Father <input type="checkbox"/> Guardian <input type="checkbox"/>	
Name/s	Surname
ID no.	
Title	Contact no.
Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof <input type="checkbox"/>	
Home address	
Occupation	Employer
Email address	Work no.
Emergency contact persons (People listed here may also collect your child from school, please tick to consent)	
Name/s	Surname
Contact no.	Home address
Nature of relationship to the child:	
Next of kin	I hereby grant this person permission to collect my child from school (Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>
Contact no.	Home address
Name/s	Surname
Nature of relationship to the child:	
I hereby grant permission to this person to collect my child from school (Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Child's general state of health	
Does your child have medical aid (Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Doctor's name	Doctor's phone no.
Are your child's immunizations up to date? (Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does your child have any known allergies?	(Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list them below:
Does your child have any medical conditions which we should be aware of? (Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>	
if yes, please describe:	

Does your child have any speech, hearing or visual problems?		(Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>
About your child's character and history		
Has your child ever been to pre-school or daycare before?		(Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please describe: (Daycare, pre-school, grandma etc.)		
Are there any recent traumatic situations the child has been exposed to, such as a death in the family, divorce, new sibling, etc.?		
What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc.?		
Has your child had experience playing with other children?		(Please ✓) YES <input type="checkbox"/> NO <input type="checkbox"/>
What language(s) do you speak at home?		
PHOTOS		
Should we take photographs at social events, these photographs may be uploaded by our marketing team to our website. By your child's participation in the social event you consent to their photograph being taken and to the fact that these photographs could be uploaded to our website. If you do not wish to have photographs of your child appear on our website, you must tick "I object" box.		I CONSENT <input type="checkbox"/> I OBJECT <input type="checkbox"/>