



KINDERSTAND

Where Learning is Child's Play

APPLICATION FORM

ADMISSION NO.: _____

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

GENDER: MALE / FEMALE

BLOOD GROUP: _____

LANGUAGE SPOKEN AT HOME: _____

PERMANENT ADDRESS: _____

PLEASE TICK AS APPLICABLE:

WHOM DOES THE CHILD LIVE WITH?

BOTH PARENTS

MOTHER / FATHER

GUARDIAN

MOTHER'S NAME:

FATHER'S NAME:

EDUCATIONAL QUALIFICATION:

EDUCATIONAL QUALIFICATION:

OCCUPATION:

OCCUPATION:

EMAIL:

EMAIL:

MOBILE NO.:

MOBILE NO.:

OFFICE NO:

OFFICE NO:

RESIDENCE NO:

RESIDENCE NO:

IS YOUR CHILD TOILET TRAINED? YES / NO

PLEASE TICK THE BOXES NEXT TO THE PROGRAMS YOU ARE APPLYING FOR:

PRE-SCHOOL (AGES 2 – 4 YEARS):

9AM – 12AM 1 – 4PM

EVENING CARE (AGES 2 – 8 YEARS):

4PM – 7PM

IN CASE OF AN EMERGENCY:

CONTACT PERSON: _____

PHONE NO.: _____

HAS YOUR CHILD BEEN VACCINATED? PLEASE ATTACH A COPY OF THE VACCINATION RECORDS
(IF ANY) _____

PLEASE MENTION ANY ALLERGIES OR MEDICAL CONDITIONS THAT YOUR CHILD MAY HAVE.

STATEMENT OF CONSENT:

I DO / DO NOT (PLEASE CIRCLE ONE) GIVE MY PERMISSION FOR THE SCHOOL TO SEEK MEDICAL
AID AND TREATMENT FOR MY CHILD IN AN EMERGENCY SITUATION AND SIGN NECESSARY DOCU-
MENTS ON MY BEHALF.

I UNDERSTAND THAT THE ENTRIES MADE IN THIS FORM ARE TRUE AND ACCURATE IN EVERY
DETAIL AND HEREBY MAKE APPLICATION FOR MY CHILD.

SIGNATURE:

MOTHER: _____ DATE: _____

FATHER: _____ DATE: _____

