



Private Pre-Primary School, Exclusive Baby Centre & After Care

GAM du Plessis Enterprises PTY Ltd 2015/257559/07
PRINCIPAL: Gerda du Plessis

Tel: (011)609 7178 or 0832859992
e-mail: edenvale@smileykids.co.za
School website: www.edenvalesmileykids.co.za

ENROLMENT FORM 2024

Enrolment date: _____

Particulars of child:

| | | | | | | | |
|---------------|-----|-------|------|---------------|-----|-----|-------|
| Full names | | | | Surname | | | |
| Known as | | | | Gender | | | |
| Date of birth | | | | Home Language | | | |
| | Day | Month | Year | | AFR | ENG | Other |

Previous Institution / Nursery School attended:

| | | | | | | | |
|--|--|------------------------|------|--|-------|--|--|
| Previous Pre-Primary, play school, nursery school, day mother, etc. attended | | | | | | | |
| Name of Institution | | | | | | | |
| Suburb/Town | | Duration of attendance | From | | Until | | |

Medical Information:

| | | | |
|--------------------------------|--|-----------------------|--|
| Medical Aid Scheme | | Membership number | |
| Doctor | | Doctor's telephone nr | |
| Allergies or chronic illnesses | | | |

Parent Information:

| | | | |
|--------------------|--|-------------------|--|
| Mother: | | Identity number | |
| Name & Surname | | (copy attached) | |
| Physical address | | Occupation | |
| | | Contact No – Home | |
| | | Contact No – Work | |
| e-mail address | | Cellular No | |
| Father: | | Identity number | |
| Name & Surname | | (copy attached) | |
| Physical address | | Occupation | |
| (if different from | | Contact No – Home | |
| mother's address) | | Contact No – Work | |
| e-mail address | | Cellular No | |

Family Status:

| | | |
|---|----------|--|
| Please indicate by circling the correct | Parents: | Married / Not Married / Divorced – child stays with mother / |
| | | Divorced – child stays with Father / Guardian / |
| | | Other (please specify) |

Contact details in case of an emergency (not parents):

| | | | |
|-------------------|--|-------------------|--|
| Name and Surname | | Name and Surname | |
| Relation to Child | | Relation to Child | |
| Contact number | | Contact number | |

List of people who may collect child- other than parents (where possible please supply copy of Identity document):

| | | | |
|----------------|--|-----------------|--|
| Name & Surname | | Identity number | |
| Name & Surname | | Identity number | |

Financial Information

Person responsible for account: (Please attach a copy of Identity Document of the person paying the account)

| | | | |
|-------------------|--|-----------------------|--|
| Name & Surname | | Identity number | |
| Physical address | | Contact No – Home | |
| | | Contact No – Work | |
| Email address | | Contact No - Cellular | |
| Relation to Child | | | |

Services

Please mark with an 'x' which services you want to make use of:

(Attached hereto also find the fee structure indication the relevant fees)

| | | | | | | | |
|-----------------|--|--------------------|--|------------------------|--|--|--|
| Baby - Full Day | | Toddler - Full day | | After Care | | | |
| | | | | Name of Primary School | | | |

Transport:

| | | | | | | | |
|-------------------|--|-------------------|--|--|--|--|--|
| One-way transport | | Two-way transport | | | | | |
|-------------------|--|-------------------|--|--|--|--|--|

Office use

| | | |
|--|--|-----------------------|
| Registration fee paid | | R 1500 Paid : Yes/ No |
| Date registration paid | | |
| Enrolment form signed | | YES / NO |
| Standard Terms and Conditions signed/ Language of Instruction agreement | | YES / NO |
| Copy of Identity Document received of person responsible for account and parents | | YES / NO |
| Copy of child's Birth Certificate and Clinic Card received | | YES / NO |
| | | |

Signature of person responsible for the account

Date

(I acknowledge that I have read the Standard Terms and Conditions applicable to Smiley Kids EDENVALE and bind myself thereto)