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## Enrolment Form

**Date of Enrolment:**

### Child's Details

|                 |  |      |        |
|-----------------|--|------|--------|
| Surname         |  |      |        |
| Christian Names |  |      |        |
| Date of Birth   |  |      |        |
| ID Number       |  |      |        |
| Age at Entry    |  |      |        |
| Allocated Class |  |      |        |
| Child's Gender  |  | Male | Female |

### Parent Details

|   | Mother/Father | Mother/Father |
|---|---------------|---------------|
| Surname   |               |               |
| Christian Names   |               |               |
| Date of Birth   |               |               |
| ID Number   |               |               |
| Occupation  |               |               |
| Employer's Name   |               |               |
| Home Address  |               |               |
| E- mail Address   |               |               |
| Landline (Home)   |               |               |
| Landline (Office)   |               |               |
| Mobile Number   |               |               |
| <b>Emergency contact - NB! Must be different to Mother and Father</b> |               |               |
| Name/Relationship   |               |               |
| Telephone number/s  |               |               |

## Medical and Health

|   |                              |                |                    |     |                |
|---|------------------------------|----------------|--------------------|-----|----------------|
| Has your child ever broken a limb?  |                              |                | Yes                |     | No             |
| Please specify  |                              |                |                    |     |                |
| Does your child have any particular fears?  |                              |                | Yes                |     | No             |
| Please Specify  |                              |                |                    |     |                |
| Does your child take regular medication?  |                              |                | Yes                |     | No             |
| Please specify  |                              |                |                    |     |                |
| Do you have a family history of Dyslexia, hyperactivity, or other learning difficulties or special needs?                           |                              |                | Yes                |     | No             |
| Please specify  |                              |                |                    |     |                |
| Are there any special medical, physical or emotional needs that the school should be aware of?                                      |                              |                | Yes                |     | No             |
| Please specify  |                              |                |                    |     |                |
| In the event of a dire emergency, may we take your child to the local doctor? <b>NB! You will be liable for the medical charges</b> |                              |                | Yes                |     | No             |
| Is your child potty trained?  |                              |                | Yes                |     | No             |
|   |                              |                |                    |     |                |
| Has your child had any of the following illnesses? Please tick if "Yes"   |                              |                |                    |     |                |
|   | Croup                        |                | Asthma             |     | Mumps          |
|   | Chicken Pox                  |                | Eye Infections     |     | Ear Infections |
|   | Rubella                      |                | Encephalitis       |     | Whooping Cough |
|   | Scarlet Fever                |                | Bladder Infections |     | Tonsillitis    |
|   | Respiratory Tract Infections |                | Prone to Thrush    |     | Skin Rashes    |
| Any others, please specify  |                              |                |                    |     |                |
| Does your child have allergies to, or intolerances for, any of the following? Please tick if "Yes"                                  |                              |                |                    |     |                |
|   | Bee stings                   |                | Peanuts            |     | Fish           |
|   | Lactose (Dairy)              |                | Pet hair           |     | Dust           |
|   | Gluten                       |                | Wheat              |     | Sucrose        |
|   | Analgesics                   | Please specify |                    |     |                |
|   | Anti-biotics                 | Please specify |                    |     |                |
|   | Preservatives                | Please specify |                    |     |                |
|   | Any others                   | Please specify |                    |     |                |
| Details of any surgery your child has had   |                              | None           |                    |     |                |
| Surgery   |                              |                |                    | Age |                |
| Surgery   |                              |                |                    | Age |                |

## Family History

|  |              |     |  |    |                      |
|--|--------------|-----|--|----|----------------------|
| Child's place of birth and nationality               |              |     |  |    |                      |
| Is your child adopted?                               |              | Yes |  | No | If yes, at what age? |
| Does your child know about the adoption?             |              |     |  |    |                      |
| Names and ages of siblings                           | Name and age |     |  |    | Name and age         |
|  | Name and age |     |  |    | Name and age         |
| Child's place in family                              | Oldest       |     |  |    | Middle               |
| Parents marital status                               | Married      |     |  |    | Divorced             |
|  |              |     |  |    | Separated            |
| If divorced/separated, who does the child live with? |              |     |  |    | Single Parent        |
| What are the visiting arrangements?                  |              |     |  |    |                      |

## Billing Information

|   |                  |  |
|---|------------------|--|
| Person responsible for payment of school fees | Name             |  |
|   | Postal Address   |  |
|   | Home Address     |  |
|   | ID Number        |  |
|   | Office Landline  |  |
|   | Home Landline    |  |
|   | Mobile Number    |  |
| Next of kin not living with you               | Name             |  |
|   | Address          |  |
|   | Telephone number |  |

I, \_\_\_\_\_ (name), \_\_\_\_\_ (ID/Passport number), hereby confirm that all the above information that I have supplied is true and correct at the time of signing this document.

Signed at \_\_\_\_\_ (place), on this day \_\_\_\_ (date) \_\_\_\_\_ (month) 20\_\_ (year)

**Parent**

**School head**

### Documents Required:

|   |                                       |
|---|---------------------------------------|
| 1 | ID/Passport document for both parents |
| 2 | Child's birth certificate/Passport    |
| 3 | Child's Immunization Certificate      |
| 4 | Proof of Residence                    |