

“Creativity is messy and we are very creative!”



074 112 9553
8 Myrtle Road, Kenilworth
toadhallplayschool@gmail.com

ENROLMENT FORM

Name of child:

Home Address of Parents or Guardian:

.....

Home/Work Telephone:

Mothers Cell: Fathers Cell:

Mothers ID Number: Fathers ID Number:

Other phone number in an emergency:

Email address:

Childs date of birth:

Mothers name:

Fathers name:

Person responsible for fees:

Email address of person responsible for fees:

Home Language:

Other children in the family, age and sex:

Who will usually bring the child to school:

Who will usually fetch the child from school:

Names of other people with permission to collect the child:

Number of days attending: Preferable days:

Term commencing:

Medical Family GP name and Phone number:

Has your child had any of the following illnesses:

Measles.....Yes/No

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MEDICAL INFORMATION

Medical Family GP name:

Medical Family Telephone:

Has your child had any of the following illnesses:

- Measles:Yes/No
- Diphtheria:Yes/No
- Chicken Pox:Yes/No
- Mumps:Yes/No

Does he/she suffer from any allergies or intolerance or any other illness?

.....

Has your child been fully immunised from:

BCG and Polio(at birth):.....Yes/No

Diphtheria, Whooping Cough, Tetanus (at 3 months, 4.5 months and 6 months):.....Yes/No

Polio (at 3 months,4.5 months and 6 months):.....Yes/No

Measles (at 9 months):.....Yes/No

If No, give details:

.....

I.....request that my child be enrolled at Toad Hall Playschool and I agree to the guidelines and to sign the indemnity form.

Date:

Signed by Parent/Guardian:

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INDEMNITY FORM

I.....Parent/guardian

of.....Childs name

Hereby ask the staff of Toad Hall Playschool to act in my place while my child is in their care on the premises of 8 Myrtle Road. I hereby indemnify the staff of Toad Hall Playschool against any claim for accidental injury to my child or loss of or damage to his/her belongings.

I also agree that in a medical emergency when unable to contact me, the staff, namely Josie Fircks, may make decisions on my behalf. I agree to take full responsibility for any cost as a result of this.

Date.....

Parent/Guardian.....

A non refundable application fee of R800 is required in order to secure a place at Toad Hall.

Bank details:

Account name - Josephine Laurie

Bank - Absa bank

Branch code - 632005 (Claremont branch)

Account number - 9143817610

Reference: Childs name

Proof of payment must be sent after each termly payment.

Please use your child's name as a reference.

Fees must be paid before the start of each term.