



Enrolment Form

Please Note that this application must be accompanied by copies of the following:

1. MOTHER & FATHER'S ID
2. CHILD'S BIRTH CERTIFICATE
3. IMMUNIZATION CARD/BOOK

* REGISTRATION FEE*

Childs Details

Surname:	
Name(s):	
Sex:	
Name by which learner is called:	
Date of Birth:	
Home Language:	
Number if children in the family	
Position in the family: (e.g. First)	
Birth Certificate/ID no.:	

Foster Care Adopted Orphan Legal Guardianship Authority check the applicable box



Parents/Guardians Details

	Father/Guardian	Mother/Guardian
Surname & Initials		
Marital Status		
Occupation (Full/part time)		
Physical Address:		
Postal Address:		
Contacts:	Email:	Email:
	Cell:	Cell:
	Home:	Home:
	Work:	Work:

Emergency Contact

	Person 1	Person 2
Surname & Initials		
Physical Address:		
Contact No.:		



Physical Condition / Medical History

Clinical Card submitted?

Family Practitioner:	
Tel No.:	
Allergies:	
Vegetarian:	
Chronic Illness:	
Name of Medical Aid Scheme (if any):	
Medical Aid No.:	
Name of Card holder/Main Member:	

Authorization to Leave

Person 1:

The following person/s is duly authorized to fetch the learner from school:	
Name:	
ID:	
Relationship with child:	

Person 2:

The following person/s is duly authorized to fetch the learner from school:	
Name:	
ID:	
Relationship with child:	



I _____

Parent/Guardian of _____

Accept that all reasonable precautions shall be taken to ensure the safety and welfare of my child and that I shall be held responsible for the payments of medical accounts where applicable. The management and staff of Angels Palace shall take all precautionary measures to ensure that the premises and everything they use is hygienically clean, and they shall not be held responsible for any illness/injury/loss of life that may befall my child, as this is beyond their control. I cede my power as a parent/guardian to the principal and/or a representative of the school should medical treatment be deemed necessary for my child/ward. To the best of my knowledge, he/she is physically capable of participating in normal schooling and recreational activities and is in good health. However, the person(s) responsible should note the above medical history (if any).

I realise that no claim can be made against Angels Palace Day Care Center or its staff for injuries sustainable or for any articles of clothing or equipment that may be lost or damaged.

NB. An enrolment fee will be payable upon registration. This fee is non-refundable. School fee is due on or before the 3rd of each month. Full monthly payment must be paid. No part payments will be allowed. Fees are due irrespective of the number of days in a month or whether the child is absent for any reason.

The centre will be closed on all public holidays and religious holidays(easter).

I _____

Hereby undertake to pay school fees on or before due date. I also understand that a full calendar months' notice, in writing, is required and that notice will not be accepted for the end of November or December.

Signature

Date

