

Physical Address:

Cnr Woodlands Drive and
Brackenfell Boulevard
Pinehurst
DURBANVILLE
7550



Tel: (021) 976 5131
CELL: 083 703 4996
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Email: info@coled.co.za
Web: www.coled.co.za

Postal Address:

PO Box 2220

DURBANVILLE

7551

Account #:
Ref #:
Deposit:
Start Date:

ENROLMENT FORM

DATE OF **DESIRED** ENROLMENT: (dd/mm/yy)/...../20.....

DATE OF APPLICATION: (dd/mm/yy)/...../20.....

ENROLMENT REQUIRMENT: (please tick appropriate box)

FULL DAY CARE (06:30am – 18:00pm)

HALF DAY CARE (06:30am – 12:00pm)

4 Months to 1 Year
1 Year to 2 Years
2 Years to 3 Years
3 Years to 4 Years
4 Year to 5 Years

4 Months to 1 Year
1 Year to 2 Years
2 Years to 3 Years
3 Years to 4 Years
4 Year to 5 Years

CHILD'S INFORMATION

- Full name of child:
- Sex:
- Date of Birth:st/th of20.....
- My child must be taught in (only 1 may be chosen) ENGLISH AFRIKAANS
- Has your child had the required immunisations:
- Please state any health problems/allergies:
 -
 -
 -
- Special Dietary Requirements:
- Other Day care centres / after cares attended:
 -
 -
- Who will drop child in the morning:
- Who will collect child in the afternoon:

PARENTS / GUARDIANS INFORMATION

	Mother	Father
• Full Names

• Title:
• ID Number:
• Occupation:
• Employer:
• Working Hours:
• Contact Details:
• Tel No: Home:
• Work:
• Mobile:
• Email:
• Residential Address
• Suburb:
• Postal Code:
• Family Status:		
▪ Married:		<input type="checkbox"/>
▪ Separated:		<input type="checkbox"/>
▪ Divorced:		<input type="checkbox"/>
▪ Widow/er:		<input type="checkbox"/>
▪ Single Parent:		<input type="checkbox"/>

GENERAL INFORMATION

ALTERNATIVE CONTACT PERSON:

- Name:
- Relationship:
- Residential Address:
- Contact Details:
 - Tel No: Home:
 - Work:
 - Mobile:

MEDICAL INFORMATION

- Doctor/ Paediatrician:
- Telephone #
- Cell phone #
- Emergency rooms:
- Medical Aid #

CHRISTIAN TESTIMONY

As Circle of Life Edu-Care is primarily a Christian based institution to the surrounding families; applying Biblical principles to teaching and relationship, will you kindly give brief details of the following:

- Your Church:
- Denomination:
- Do you have any objection to your child being nurtured and taught according to Christian principals?
 - Yes:
 - No:

- Parents / Guardians ID Documents
- Child Birth Certificate
- Child's Clinic Card

I am aware that the facility will be managed and monitored via a cctv camera system during operating hours to promote transparency and maintain a high standard of quality education.

We will retain images for a length of time deemed appropriate for the purpose of monitoring. The images shall only be accessible to Management and will not be released to any third party unless such images are being used for a criminal investigation, a court order requires us to do so or if all parties depicted in the images consents to such release. Any questions regarding the retention/release of these images must be directed to the Principal.

Only the Director(s) and Information Officer can authorize the release of information and results obtained through surveillance monitoring or recording.

Acceptance & admission to the Circle of Life Edu-care is subject to the acceptance of our rules and regulations, which documentation will be furnished to you for signature.

Signed at _____ on this the _____ day of _____ 201_____

Parent/ Guardian Name

Parent/ Guardian Signature

Parent/ Guardian Name

Parent/ Guardian Signature