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LITTLE MINIONS ACADEMY DISCOVERY

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Enrolment Form

Child Information

Full names: Surname:
Known as: Date of birth:
Gender: Home language:

Parent Information

Father

Full names:
ID number:
Physical address:
.....
Email:
Occupation:
Tel (h):
Tel (w):
Cell:

Mother

Full names:
ID number:
Physical address:
.....
Email:
Occupation:
Tel (h):
Tel (w):
Cell:

Medical Information

Doctor: Doctor tel. no:
Medical aid: Membership no:
Allergies or chronic illness: Any other info:

Emergency Information

Full names: Full names:
Relationship to child: Relationship to child:
Contact no: Contact no:

Family Status (mark with an X)

Married.....Divorced.....Not married.....Guardian.....Other.....

Previous Pre-school/ Crèche Information:

Name of institution: Duration:

Person(s) Authorised to Collect the Child (other than parents)

Full names: ID no:
Full names: ID no:

Account Information (person responsible for account)

Full names: ID no:
Physical address: Tel. no. (h):
Tel. no. (w): Cell:

Services (mark with an X)

Baby.....Toddler.....Grade R.....After care..... Transport.....

For Office Use Only:

Registration fee paid: Yes / No
Date registration fee paid.....
Terms and Conditions signed: Yes / No
Child's birth certificate received: Yes / No
Child's Clinic Card received: Yes / No
Copy of ID received for parents and person responsible for account: Yes / No