



**LITTLE MINIONS ACADEMY (PTY) LTD**  
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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