



## APPLICATION FORM FOR ADMISSION

CHILD'S NAME AND SURNAME \_\_\_\_\_

MONTH AND YEAR APPLIED FOR \_\_\_\_\_

AGE GROUP APPLIED FOR

18month - 3 years

3years - 6years

### IMPORTANT

**This Application for Admission will only be processed if ALL fields are completed legibly, are signed and ALL necessary supporting documents and photos are attached**

### SUPPORTING DOCUMENTS, COMPLETED SECTIONS, FORMS AND PHOTOS REQUIRED

- Copy of child's Birth Certificate or ID document
- Copy of child's latest School Report
- Copy of child's Vaccination Records
- Copy of child's Residence permit, if foreign

- Copy of Parent's/Legal Guardians ID Documents
- Sections 1-10 completed and signed
- 4 x coloured ID size photos of child (recent)

Attach a  
colour  
photo of  
child here

### FOR OFFICE USE ONLY

Application date \_\_\_\_\_

Interview date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Start date \_\_\_\_\_

Class \_\_\_\_\_

Family code \_\_\_\_\_

Siblings at the school

1. \_\_\_\_\_

2. \_\_\_\_\_

## SECTION 1 - CHILD'S PERSONAL DETAILS

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_

ID no.

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DATE OF BIRTH   Y Y Y Y - M M - D D  

AGE \_\_\_\_\_

GENDER

MALE

FEMALE

HOME LANGUAGE \_\_\_\_\_ OTHER LANGUAGE/S \_\_\_\_\_

NATIONALITY \_\_\_\_\_ COUNTRY OF ORIGIN \_\_\_\_\_ IMMIGRATION DATE \_\_\_\_\_

RACE

ASIAN

AFRICAN

COLOURED

INDIAN

WHITE

OTHER

RELIGION \_\_\_\_\_

RESIDENCE

WITH BOTH PARENTS

WITH ONE PARENT

WITH GUARDIAN

NUMBER OF CHILDREN IN THE FAMILY \_\_\_\_\_ POSITION OF CHILD IN THE FAMILY \_\_\_\_\_

## SECTION 2 - CHILD'S EDUCATION DETAILS

CURRENT SCHOOL \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

TEL NO. \_\_\_\_\_

TEL NO. \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

GRADES ATTENDED \_\_\_\_\_

GRADES ATTENDED \_\_\_\_\_

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED?

YES

NO

IF YES, PLEASE STATE REASON \_\_\_\_\_

PRIMARY SCHOOL YOU INTEND YOUR CHILD TO ATTEND \_\_\_\_\_

PREVIOUS EXTRACURRICULAR INVOLVEMENT


## SECTION 3 - CHILD'S MEDICAL DETAILS

FAMILY DOCTOR NAME \_\_\_\_\_ TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

MEDICAL AID NAME \_\_\_\_\_ MEMBER NO. \_\_\_\_\_

MAIN MEMBER \_\_\_\_\_ ID NO. \_\_\_\_\_

PLAN \_\_\_\_\_ DEPENDANT CODE \_\_\_\_\_

PREFERRED HOSPITAL IF TIME ALLOWS FOR DECISIONS \_\_\_\_\_

HAS THE CHILD RECEIVED ALL THE NECESSARY IMMUNISATIONS?  YES  NO

IF NO, PLEASE STATE THE REASON \_\_\_\_\_

HAS YOUR CHILD SUFFERED FROM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	GERMAN MEASLES	<input type="checkbox"/>	POLIO
<input type="checkbox"/>	CHICKEN POX	<input type="checkbox"/>	HEPATITIS	<input type="checkbox"/>	RHEUMATIC FEVER
<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	MALARIA	<input type="checkbox"/>	SCARLET FEVER
<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	MEASLES	<input type="checkbox"/>	TICKBITE FEVER
<input type="checkbox"/>	ENTERIC/TYPHOID FEVER	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	WHOOPING COUGH

### MEDICAL CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE CHILD'S RECORDS. THE SCHOOL, THEREFORE, RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, \_\_\_\_\_ BEING THE PARENT/LEGAL GUARDIAN OF \_\_\_\_\_

HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY MEDICAL TREATMENT AS IS NECESSARY.

I ALSO UNDERSTAND AND AGREE THAT ANY COSTS INVOLVED WILL BE MY RESPONSIBILITY.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_

DATE     Y Y Y Y - M M - D D

**SECTION 3 - CHILD'S MEDICAL DETAILS (CONTINUED)**

PLEASE ANSWER ALL THE QUESTIONS BELOW. IF YOU ANSWER YES TO ANY QUESTION, PLEASE GIVE DETAILS.

ANY COMPLICATIONS DURING PREGNANCY? \_\_\_\_\_

DID THE PREGNANCY GO TO FULL TERM? \_\_\_\_\_

ANY COMPLICATIONS BEFORE, DURING, OR AFTER THE BIRTH? \_\_\_\_\_

\_\_\_\_\_

BLOOD TYPE  O+  O-  A+  A-  AB+  AB-  B+  B-  UNKNOWN

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL NEEDS? \_\_\_\_\_

\_\_\_\_\_

HAS OR DOES YOUR CHILD SUFFER FROM ANY OTHER ILLNESSES OR DISEASES? \_\_\_\_\_

\_\_\_\_\_

IS YOUR CHILD RECEIVING ANY MEDICAL TREATMENT FOR ANY CONDITION? \_\_\_\_\_

\_\_\_\_\_

HAS OR IS YOUR CHILD SUFFERING FROM OR RECEIVING TREATMENT FOR ANY PSYCHOLOGICAL OR EMOTIONAL UPSET?

\_\_\_\_\_

HAS YOUR CHILD HAD ANY OPERATIONS OR SURGERIES? \_\_\_\_\_

\_\_\_\_\_

ANY OTHER INFORMATION YOU FEEL WE SHOULD KNOW? UNUSUAL FAMILY SITUATIONS? RELIGIOUS REQUIREMENTS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4 - DETAILS OF PARENT WHO IS RESPONSIBLE FOR THE ACCOUNT**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ ID no. 

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DATE OF BIRTH   Y Y Y Y - M M - D D   DESIGNATION 

MR	MRS	MS	DR	PROF	
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 OTHER

RELATIONSHIP TO CHILD \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

RACE 

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS	POSTAL ADDRESS	WORK ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOME TEL \_\_\_\_\_ CELL \_\_\_\_\_ WORK TEL \_\_\_\_\_

\_EMAIL ADDRESS \_\_\_\_\_

**SECTION 5 - DETAILS OF PARENT WHO IS NOT RESPONSIBLE FOR THE ACCOUNT**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ ID no. 

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DATE OF BIRTH   Y Y Y Y - M M - D D   DESIGNATION 

MR	MRS	MS	DR	PROF	
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 OTHER

RELATIONSHIP TO CHILD \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

RACE 

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RESIDENTIAL ADDRESS	POSTAL ADDRESS	WORK ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOME TEL \_\_\_\_\_ CELL \_\_\_\_\_ WORK TEL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## SECTION 6 - DETAILS OF ANOTHER CONTACT IN CASE OF EMERGENCY

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATION TO CHILD \_\_\_\_\_ CELL NO. \_\_\_\_\_

HOME TEL \_\_\_\_\_ WORK TEL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## SECTION 7 - SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

We, the undersigned \_\_\_\_\_, hereby certify that the information provided in this Application for Admission form is complete and true. We acknowledge that enrolment is subject to, inter alia, signing a School Contract that contains the detailed terms, conditions, and codes of conduct for Brighter Beginnings Preschool.

We hereby authorise the School and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time. We acknowledge that we have read and understood the Prospectus and the Fee Structure, and will accept a position at Brighter Beginnings Preschool in accordance with the terms and conditions as stated therein. These documents, as amended from time to time, are available from the School office.

\_\_\_\_\_  
Signature of person responsible for account

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other parent

\_\_\_\_\_  
Relation to child

\_\_\_\_\_  
Date

## SECTION 8 - SURVEY - SERVICES/FACILITIES REQUIRED

HOLIDAY CARE REQUIRED  
(no cost - limited to 25 children)

YES

NO

INTEREST IN EXTRA MURALS

BALLET

GROWING PRO'S

KIDS CODING ACADEMY

LITTLE CHEFS

MONKEYNASTIX

SWIMMING

**SECTION 9 - SURVEY - GENERAL**

WHICH TELEVISION PROGRAMMES/COMPUTER GAMES/CELLPHONE GAMES DOES YOUR CHILD WATCH/PLAY?

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HOW MANY HOURS PER DAY DOES YOUR CHILD SPEND WATCHING TELEVISION AND PLAYING COMPUTER OR CELLPHONE GAMES? \_\_\_\_\_

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WHY HAVE YOU CHOSEN BRIGHTER BEGINNINGS PRESCHOOL? \_\_\_\_\_

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WHERE DID YOU HEAR ABOUT BRIGHTER BEGINNINGS PRESCHOOL? \_\_\_\_\_

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THE SCHOOL IS ALWAYS GRATEFUL FOR PARENTS' ASSISTANCE. PLEASE INDICATE BELOW WHETHER YOU HAVE SKILLS YOU COULD OFFER, FOR EXAMPLE, LEGAL, MARKETING, DIY, GARDENING, CAREER DAYS, PLUMBING, FUNDRAISING, EQUIPMENT MAKING ETC.

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HAVE YOU BEEN SATISFIED WITH THE PRE-ENROLMENT INFORMATION AND SERVICE?

YES	NO
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IF NO, PLEASE EXPLAIN \_\_\_\_\_

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