

Half Day *Full Day*

APPLICATION FORM

Attach ID size
photograph of
the child here

Child's Details

Surname:

First Names:

Preferred name:

Date of Birth:

Gender:

Country of Birth:

Religion:

Home Language:

Number of Children in Family:

Position in Family:

Primary School you intend sending your child to:

Mother's Details

Surname:

First names:

Preferred name:

ID no.:

Nationality:

Contact Numbers - Home:

Work:

Cell:

Fax:

E-mail address:

Home Address:

Postal Address:

Occupation:

Employer:

Work address:

Father's Details

Surname:

First names:

Preferred name:

ID no.:

Nationality:

Contact Numbers - Home:

Work:

Cell:

Fax:

E-mail address:

Home Address:

Postal Address:

Occupation:

Employer:

Work address:

Marital Status of Parents:

With whom does the child live:

Alternate contact person in case of emergency

Name:

Relationship:

Contact Numbers - Home:

Cell:

MEDICAL INFORMATION

This information will be treated as confidential

Paediatrician:	Tel:	Emergency:
General Practitioner:	Tel:	Emergency:
Dentist:	Tel:	Emergency:
Medical Aid:	Tel:	
Medical aid/ Membership number:		

Pre and Post Natal Information

Any complications during pregnancy?
Did the pregnancy go to full term?
What type of birth - Natural/Caesarean?
Any complications before, during or after the birth?
Child's behaviour in the first few months - placid, excessive crying etc.?
Has development been normal thus far - sitting, crawling, walking, talking etc.?
Blood type:

Immunizations - date of most recent immunizations

MMR	Diphtheria
Polio	Tetanus
Other	

Which infectious childhood sicknesses has your child had?

Mumps	Measles
German Measles	Rubella
Chicken Pox	Scarlet Fever
Whooping Cough	Diphtheria

Medical Problems and Chronic Conditions

Has your child ever suffered from:	
Asthma	Epilepsy
Heart trouble	Breathing Difficulties
Rheumatic fever	Diabetes
Other	
Is your child prone to fevers, sore throats, headaches, earache etc.?	

MEDICAL INFORMATION - CONTINUED

Do you suspect any speech, auditory, visual or motor problems or defects?

Present condition of Health:

Allergies to any medication, insect bites, food etc.?

Medicines taken on a regular basis - including vitamins

Name	Reason
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Dosage	Frequency
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Name	Reason
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Dosage	Frequency
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Please indicate the nature and date of any of the following:

Any surgeries:

Hospitalisations:

Major injuries:

Psychiatric treatment:

Counselling:

Person Responsible For Account

Who will be responsible for the payment of fees? **Mother** **Father** **Other**

If other, please complete the following:

Surname:	First names:
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ID number:

Contact Numbers - Home:	Work:
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Cell:	Fax:
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Home Address:

Postal Address:

Occupation:	Employer:
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E-mail Address:

Important: Please ensure that the above mentioned person completes the 'Person Responsible for Account' section on page 2 of the Contract

Questionnaire

Previous school

To date, where/how has your child been cared for? Home Day-mother Crèche Preschool (mark one)

Current school:

Contact number:

E-mail:

Years attended:

Reason for leaving:

<u>Siblings</u>			
Full name	Date of birth	Age	Current School

Has your child received any professional support (occupational therapy, play therapy, speech therapy, physical therapy, counselling? If yes, please give more details

* Please attach all reports

<u>Any restrictions on contact between child and mother or father? If yes, please explain, and provide all legal documents in this regard</u>	Yes / No

Why have you chosen Brighter Beginnings Preschool?

What input can we expect from you the parents?

What do you expect from Brighter Beginnings preschool?

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, electrical, fundraising, equipment making etc.

Describe your child's character

Describe your child's behaviour

Describe your methods of discipline for a) minor incidences and b) severe incidences

Which Television programmes/computer games does your child watch/play?

How many hours per day does your child spend watching television and playing computer games?

Any other information you feel we should know? Unusual family situations? Religious requirements? Food requirements?

I/We hereby confirm that all the information supplied above is true and correct, according to our knowledge

Mothers signature: _____ Date: _____

Fathers signature: _____ Date: _____

For Office use

Application fee received _____

Amount Paid _____

Sign _____

ID copies received _____

Vaccination copy received _____

Birth certificate copy received _____

Copy of previous reports _____

Signed Application agreement _____