

ADMISSION – ENROLMENT FORM 2024

1. PERSONAL PARTICULARS OF YOUR CHILD

Surname	
Name/s	
Date of birth (day/month/year)	
Identity number	
Start Date	
Sex (male or female)	
Home language	
Home address	
Name of last school, crèche, ECD centre	

2. PERSONAL PARTICULARS OF PARENT/GUARDIAN/CAREGIVER

Surname	
Name/s	
Relation to child	
Contact number	
Address if different from the child's (above)	
Employer's details	
Emergency Contact	

Admission Enrollment Form Rev July 2023

The information required is collected and used to admit and keep correct records of children in our ECD Centre.

By signing the form, you consent to processing the personal information for the intended purpose.

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082 482 8366 info@scatterlingsecd.org

www.scatterlingsecd.com

3. YOUR CHILD'S HEALTH INFORMATION

	Yes	No
Clinic card (Road to Health)		
Has your child had any of the sicknesses/accidents listed below?		
COVID		
Hearing problems		
Problems with eyesight		
Convulsions (epilepsy)		
Chicken Pox		
Mumps		
Measles		
TB		
Whooping Cough		
Has your child been involved in a serious accident/s? Add details		
Has your child had any other illnesses? (Please list below)		
Does your child have any allergies? (Please add details below)		
Has your child had any operations?		
Has your child received the following immunizations?		
Polio		
BCG for TB		
Diphtheria		
Hepatitis B		
Whooping Cough		
Measles		
Tetanus		
Other		
Does your child have healthy eating habits?		
If your child is sick, where do you take your child?		
Private doctor		
Clinic		
Hospital (please add information on the hospital below)		

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4. YOUR CHILD’S DEVELOPMENT

	Yes	No
Has your child’s development been normal since birth		
Can your child put on their clothes?		
Can your child go to the toilet on their own		
Does your child enjoy playing with other children?		
Does your child say goodbye to you quickly with no fuss?		
Can your child express what they want?		
Are you perhaps not sure, or are worried that your child has developed typically (please list the reason/s why you think this)		

5. ADMINISTRATION INFORMATION

If there are any changes to the info below, please advise the Principal or teacher.		
	Yes	No
Will your child eat breakfast at school?		
Who is authorized to bring your child to school?		
What time will you collect your child?		
Who is authorized to collect your child?		
Please add any other information you would like us to know.		

6. BILLING INFORMATION

The person who is responsible for payment of the school fees. (Parents are ultimately responsible for payment of the school fees even if somebody else has undertaken to pay them and defaults.)	
Name:	
Address:	
ID Number:	
Landline Number	
Cell phone Number	
Next of kin not living with you	
Please supply two credit references	1. 2.

7. ADDITIONAL COMMENTS

8. DECLARATION

I hereby confirm that the information provided herein is accurate, correct, and complete.

Signed at _____ on this _____ day of _____ month _____ 20_____

Parent/Guardian/Caregiver Print Name Signature Date

Witness Print Name Signature Date

THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE ENROLMENT FORM

Description of document	Yes	No
Copy of child’s ID		
Copy of parents/guardian/caregiver ID		
Child’s birth certificate		
Child’s immunization certificate/Road to Health Booklet		
Proof of Residence		
Signed Parent’s Letter of Consent to process personal information.		