



ENROLMENT FORM

Personal details of child

Full name & surname:	
Date of birth:	
Age:	
Gender:	
Birth place:	
Nationality:	
Home Language:	
Religion:	
Residential address:	
Postal address:	
With whom does the child reside?	

Personal details of parents/guardians

Full name & surname of mother:	
ID number:	
Name of employer:	
Occupation:	
Work no:	
Home no:	
Cell no:	
E-mail:	
Signature:	
Full name & surname of father:	
ID number:	
Name of employer:	
Occupation:	
Work no:	
Home no:	
Cell no:	
E-mail:	
Signature:	

Medical details

Doctors name:	
Tel no:	
Medical aid name:	
Medical aid no:	
Name of principle member:	

Background information

Name of previous school:	
Marital status of parents:	
Custody - visiting arrangements:	
If the child is adopted, list age of adoption:	
List siblings and their ages:	
Are there other members of the household? If so, list name, age and relationship:	
What time does your child go to bed at night?	
What time does your child wake up in the morning?	
Who brings your child to school?	
Does your child have any special fears? If so, Please explain:	
Does your child have any health problems we should be aware of?	
Are there any foods or drinks that your child should not consume?	
Do you have any concern about any aspect of your child's development?	
Do you feel your child's speech is clear?	
Does your child have the following (please answer below – frequently /seldom/never):	

Frequent colds:	
Sore throats:	
Ear aches:	
Fevers:	
Has your child had any serious accidents or operations:	
Does your child have any allergies?	
Does your child take any medication regularly? If yes, what, when and why?	
Are there any special medical, physical or emotional needs that the staff should be aware of?	
How much television does your child generally watch everyday?	
What activity does your child enjoy doing most?	
Does your child accept correction easily?	
What is / are the method(s) of behavior control / management used in your home?	

Please circle applicable items below that best describes your child:

Happy	Friendly
Dependent	Stubborn
Good Natured	Even-Tempered
Aggressive	Shy
Sleepy	Impulsive
Attentive	Moody
Clumsy	Fearful
Quiet	Sympathetic

Other _____

Has your child been cared for by someone besides the family? If so, please stipulate:	
What do you hope will be included in your child's pre-school / educational programme?	
What do you want your child to learn?	
What do you like / impressed you about Adorable Kids?	
How did you find out about Adorable Kids?	
Do you live in a: House/ townhouse/ flat/ other (please specify):	

Emergency information:

Other than yourselves, name two individuals who can be contracted in case of an emergency:

Full name & surname:	
Work no:	
Home no:	
Cell no:	
E-mail:	
Full name & surname:	
Work no:	
Home no:	
Cell no:	
E-mail:	