



# STEPPING STONES DAYCARE

Start date of enrollment: \_\_\_\_\_

Full day		Half day	
<b><u>Learner details:</u></b>			
Surname:			
Full name:			
Nickname:		Date of birth:	
Home language:		Sex: Boy	Girl
Home address:			
Religion:			
Name of previous school:			
<b><u>Parent / Guardian details:</u></b>			
<b>Mother</b>		Surname:	
Full name:			
Nickname:		Date of birth:	
ID number:			
Home address:			
Work address:			
Occupation:			
Employer:			
Cell number:		Home number:	
Work number:		Home language:	
E-mail address:			
<b>Father</b>		Surname:	
Full name:			
Nickname:		Date of birth:	
ID number:			
Home address:			
Work address:			
Occupation:			
Employer:			
Cell number:		Home number:	
Work number:		Home language:	
E-mail address:			



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 Eversdal, Cape Town, 7550  
[www.steppingstones-sa.co.za](http://www.steppingstones-sa.co.za)





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<b>Additional information:</b>	
Alternative contact persons if you are not available?	
1.	Tel:
2.	Tel:
Who may collect your child other than you?	
1.	Relationship: Tel:
2.	Relationship: Tel:
<b>Medical details (Please fill in completely)</b>	
Allergies:	
Any chronic illness:	
Previous operations:	
Any hearing / speech / sight delays:	
Psychological / mental disorders:	
Has your child been referred or evaluated by a professional institution e.g. Occupational Therapist, Speech or Hearing Therapist, Educational Psychologist? If yes, please specify:	
Attach report if applicable.	
GP'S name: DR	Tel:
In case of emergency, to which hospital may your child be taken?	
May we contact your GP in case of emergency?	



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The following documents must be attached with your enrollment form:

- Learner's birth certificate
- Copy of both parents '/ guardians' ID documents
- Immunization record of learner and medical aid card of principal member
- If there are any medical reports, e.g.: occupational therapy, hearing or speech therapy or psychological reports.

You hereby confirm that all information is valid and correct.

Signed at \_\_\_\_\_ on this day \_\_\_\_\_  
of \_\_\_\_\_ 20\_\_

Parent / Guardian full name \_\_\_\_\_

Signature of parent / Guardian \_\_\_\_\_



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