STEPPING STONES DAYCARE

Starting date:_____

Full day		**Half day**	
Learner details:			
Surname:			
Full name:			
Nickname:		Date of birth:	
Home language:		Sex: Boy Girl	
Home address:			
Religion:			
Name of previous school:			
Parent / Guardian details:			
Mother		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:			
Father		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:			



084 676 2394
steppingstones.speelskool@gmail.com
45 Stepping Stones Way,
Eversdal, Cape Town, 7550
www.steppingstones-sa.co.za



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Additional information:	
Alternative contact persons if you are not availible?	
1.	Tel:
2.	Tel:
Who may collect your child other than you?	
1.	Relationship: Tel:
2.	Relationship: Tel:
Medical details (Please fill in completely)	
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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