

# KIDS ON THE MOVE EDUCARE



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## ENROLMENT FORM

<b>Froggies</b> 4 month - 1 years old	<b>Buzzing Bees</b> 2 - 3 years old	<b>Little Rascals</b> 4 - 5 years old
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### DETAILS OF CHILD

First Names and Surname of child : .....

Date of birth : .....

Home Address of guardian with whom the child lives : .....

.....

Name of guardian if not living with parents : .....

Home tel. no: .....Cell no .....

Home language: English  Afrikaans  Xhosa

Names of brothers/sisters in the family and their age :

1 .....

2 .....

3 .....

4 .....

### DETAILS OF PARENT/S:

Name of Mother		Name of Father	
Home Address:		Home Address:	
Home Tel/Cell no:		Home Tel/Cell no:	
Name of company		Name of company	
Work Tel no:		Work Tel no:	

**MEDICAL DETAILS:**

Has the child been immunized against.....

1. Measles ..... YES / NO 2. Vaccination ..... YES / NO 3. All three injections for DWT ..... YES / NO	4. A skin test for TB ..... YES / NO 5. Is the child's immunization up to date ..... YES / NO
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Does he/she suffer from any allergies or other illness.....Yes/No

If yes, please give details.....

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**GENERAL**

Names of person(s) responsible for bringing the child to the Centre and time

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Name of person(s) responsible for fetching the child from the Centre and time

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Name of other person with permission to collect the child from the centre

.....

**My child will only attend our Centre in**

The mornings only.....

Or the full day.....

I.....Request that my child..... be enrolled at Kids on the Move Educare

I agree to follow the Rules and Regulations of Kids on the Move and to sign the indemnity Form

Date.....

.....

**Parents/Guardian**

.....

**Kids on the Move  
ECD Practitioner**

