

ENROLMENT FORM

First Name of Child:

Home address of child:

Name of Parent/Guardian:

Home telephone: Work telephone:

Child's date of birth: Home Language:

Mother's Details

Name & Surname:

Home Address:

Employer:

Occupation:

Home telephone: Work telephone:

Father's Details

Name & Surname:

Home Address:

Employer:

Occupation:

Home telephone: Work telephone:

Collection of Child

Who will bring the child to the Day Care:

Who will fetch the child from the Day Care:

Names of other persons with permission to fetch the child:

..... hereby request that my
child be enrolled at Little Sunbeams Day Care. I agree to follow the rules and regulations of Little Sunbeams
Day Care and to sign an indemnity form.

Parent/Guardian signature:

Date:

Medical Information

Family doctor or Clinic:

Contact number:

Is the child's immunisations up to date?

(Please add a copy of the 'Road to Health Chart')

Has the child had any of the following illnesses? (please tick)

Measles

☐

Diphtheria

☐

Scarlet

☐

Chicken Pox

☐

Mumps

☐

Whooping Cough

☐

Does the child suffer from any allergies or illnesses? Please specify:

.....

.....

.....

Payment of fees

Who will be liable to ensure payment of fees:

Relationship to the child:

Contact number:

Signature of person liable to pay fees:

Collection of Child

who will bring the child to the Day Care:

Who will fetch the child from the Day Care:

I parent/guardian of

..... hereby request that my
child be enrolled at Little Sunbeams Day Care. I agree to follow the rules and regulations of Little Sunbeams
Day Care and to sign an indemnity form.

Parent/Guardian signature:

Date: