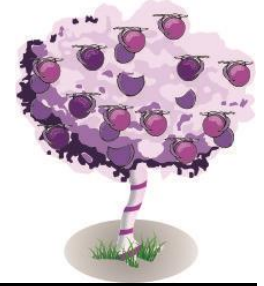


Sugar Plum Nursery School



APPLICATION FORM 2019

Date of application: ___/___/___

Start date: ___/___/___

Baby (0-12mths)

Pre-Toddler (1-2yrs)

Toddler (2-3yrs)

Pre-School (3-6yrs)

Half-day (07:30-12:30pm)

R3500 including meals

Full-day (07:30am-17:15pm)

R3700 including all meals

A non-refundable registration fee of R600-00(new enrolments) must accompany this form. **PLEASE PRINT IN CAPITAL LETTERS.**

CHILD'S PARTICULARS

Age: _____

Gender: _____

First Names: _____ Surname: _____

Date of birth: _____ Name by which child is known as: _____

Position in family: _____ No. Of children in family: _____

Home language: _____ Religion: _____

Nationality: _____

With whom does the child live? _____

Is there a sibling at school? _____

Name of sibling: _____

Are there any special needs or allergies?

NAME OF PEOPLE TO CONTACT IN AN EMERGENCY OTHER THAN PARENTS:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Tel: _____ Tel: _____

Family Doctor: _____

Tel: _____

Consulting room address: _____

Medical Aid: _____

Med. Aid No.: _____

Main member: _____

MOTHER'S PARTICULARS: (school must be notified if there are any changes in personal details.)

First names: _____

Surname: _____

ID No.: _____

Marital Status: _____

Nationality: _____

Home Address: _____

Postal Address: _____

Occupation: _____ Company: _____

Address: _____

Tel: _____ Cell: _____ Work: _____

E-Mail: _____ Fax: _____

Car Registration No: _____

FATHER'S PARTICULARS: (school must be notified if there are any changes in personal details.)

First names: _____

Surname: _____

ID No.: _____

Marital Status: _____

Nationality: _____

Home Address: _____

Postal Address: _____

Occupation: _____ Company: _____

Address: _____

Tel: _____ Cell: _____ Work: _____

E-Mail: _____ Fax: _____

Car Registration No: _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

WHY DID YOU CHOOSE OUR SCHOOL? _____
