



★ **Baby & Toddler Centre** ★ **Nursery School** ★ **Grade R**

4 1st Avenue, Lambton, Germiston, 1401 Tel: (011) 827-7589 / 824-4856 Cell: 082 683 3127 Fax: 086 698 0113  
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## **ENROLMENT FORM**

### **DETAILS OF CHILD**

Full First Names		Surname	
Nickname		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		ID Number	
Please Tick	<input type="checkbox"/> Full Day 06H30 - 18H00 <input type="checkbox"/> Half Day 06H30 - 14H00		
Home Address			

### **DETAILS OF PARENTS / GUARDIAN**

<b><u>Father / Guardian Details</u></b>		<b><u>Mother / Guardian Details</u></b>	
Full First Names		Full First Names	
Surname		Surname	
Preferred name to be called		Preferred name to be called	
ID Number		ID Number	
Employer		Employer	
Occupation		Occupation	
Work Address		Work Address	
Work Telephone		Work Telephone	
Cellular Number		Cellular Number	
Home Address		Home Address	
<b>*** PLEASE WRITE YOU EMAIL ADDRESS VERY CLEARLY ***</b>			
Email Address		Email Address	

<b>Person responsible for payment of fees</b> (Name in Full)	
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**EMERGENCY CONTACT NUMBERS** (Should Parent / Guardian not be available) (Not parents details)

Name & Surname		Name & Surname	
Relationship to child		Relationship to child	
Cellular Number		Cellular Number	
Work Telephone		Work Telephone	
Home Telephone		Home Telephone	

**PREVIOUS EDUCATIONAL HISTORY**

Name of School		Contact Number	
Years attended		Contact Person	

Name of School		Contact Number	
Years attended		Contact Person	

**DOCTORS DETAILS**

Name & Surname		Cellular Number	
Work Telephone		Emergency Number	

**MEDICAL AID DETAILS**

Medical Aid Name		Medical Aid No	
Main Member		Medical Aid Plan	

Does the child suffer from any of the following? Please tick the block.

Chest Ailments	<input type="checkbox"/> Specify _____	Allergies	<input type="checkbox"/> Specify _____
Ear Ailments	<input type="checkbox"/> Specify _____	Lung Ailments	<input type="checkbox"/> Specify _____
Heart Ailments	<input type="checkbox"/> Specify _____	Concentration Problems ?	<input type="checkbox"/> Specify _____
Low Muscle Tone	<input type="checkbox"/> Specify _____	Does your child wear glasses ?	<input type="checkbox"/> Specify _____
Other	<input type="checkbox"/> Specify _____	Is your child on any chronic medication ?	<input type="checkbox"/> Specify _____

UNIQUE PIN CODE (GATE ACCESS) (4 - 6 DIGITS)

\_\_\_\_\_ #

(Please do not use your birth year or date)

I / We do hereby agree to pay all fees due to Tic Toc Nursery School on time and in full.

I / We do hereby certify that the details as set out herein are both true and correct and confirm that I / We have read and understand the attached terms and conditions &amp; rules and regulations and agree to be bound thereby.

Father's Full Name		Mother's Full Name	
Father's Signature		Mother's Signature	
Father's I.D. No		Mother's I.D. No	
Date		Date	