



## Application Form

Date of Admission:			
Half day/Full day:			
<b>Child's Details</b>			
Surname:			
Forenames:			
Date of Birth:			
ID Number			
Age at Entry:			
Allocated Class/Age			
Child's Gender	Male / Female		
<b>Parent's Details</b>			
	<b>Mother/Guardian</b>	<b>Father/Guardian</b>	
Surname:			
Forenames:			
Date of Birth:			
ID Number:			
Occupation:			
Employers Name:			
Home Address:			
Email address:			
Telephone Home:			
Telephone Work:			
Landline Number:			
Cellphone Number:			
<b>Emergency Contact – NB! Must be different to Mother and Father</b>			
Name:			
Relationship to the child:			
Telephone numbers:			
<b>Medical and Health</b>			
	<b>Yes</b>	<b>No</b>	<b>If yes, please specify</b>
Has your child ever broken a limb?			
Does your child have any specific fears?			
Does your child take regular medication?			
Do you have a family history of Dyslexia, hyperactivity, minimal brain disfunction or other learning difficulties?			

Are there any special medical, physical or emotional needs that the school should be aware of?			
Has your child ever been to the dentist?			
Is your child up to date with immunisations (yes/no)?			
When last was your child at the doctor?			
In the event your child is very ill and we cannot get hold of you may we take your child to the local doctor?			Yes/No
<b>You will be liable for all the associated charges</b>			
Is your child potty trained?			Yes/No
What terminology does your child use for the words "wee" and "poo"?			
<b>Has your child had any of the following</b>			
	Yes	No	
Asthma			Bladder Infection
Croup			Encephalitis
Prone to Thrush			Respiratory Tract Infection
Scarlet Fever			Any others?
<b>Allergies and Food Intolerances</b>			
	Yes	No	
Analgesics			Antibiotics
Dust			Fish
Lactose (Dairy)			Peanuts
Preservatives			Wheat
Analgesics			If yes, please specify:
Anti-biotics			If yes, please specify:
Any others:			
Any surgery you child has had:	Type of surgery:		At what age:
<b>Doctor details</b>			
Scheme Name:			
Plan:			
Membership No.:			
Principal Member:			
<b>Milestones (at what age did your child...?)</b>			
Communication	Start talking		
	Laugh		
	Smile		
	Use baby talk		Yes/No
	Stutter / Stammer		Yes/No
	Lisp		Yes/No
	What was your child's first word		
	Battle to "find" words		Yes/No
Gross Motor – at what age did your child....?	Roll over		
	Pull up onto the feet		
	Sit up		
	Take the first step		
	Did your child crawl?		

Feeding – does your child?									
	Yes	No		Yes	No		Yes	No	
Feed him/herself			Use a spoon			Use a knife and fork			
Drink from a bottle			Drink from a cup/sippy cup			Suck a dummy			
Any others?									
Family History									
Child's place of birth and nationality									
				Yes	No				
Is your child adopted?						If yes, at what age?			
Does your child know about the adoption									
Names and ages of siblings:			Sibling 1:			Sibling 2:			
			Sibling 3:			Sibling 4:			
Child's place in the family		Youngest			Middle			Oldest	
Parents marital status		Married			Divorced/Separated			One parent deceased	
If divorced/separated, who does the child live with?									
What are the visiting arrangements with the other parent?									
Discipline									
							Yes	No	
Does your child have temper tantrums									
Do you believe in discipline									
Briefly describe whether you are strict, firm or fairly free in your attitude towards disciplining your child:									
How do you deal with temper tantrums when they arise?									
Is it easy to console your child once he/she has had a tantrum?									
General Information									
Has your child been to school before							Yes	No	
What does your child do with Dad for fun?				What does your child do with Mom for fun?					
What time does your child go to bed at night:									
What time does your child wake up in the mornings:									
Does your child sleep through the night?							Yes	No	
Does your child have a nap during the day? Yes / No. If yes, at what times?									
Security at School									
Who will bring the child to school?									
Who will collect the child from school?									
Billing Information									
Person responsible for payment of school fees <b>(NB: both parents are ultimately responsible)</b>			Name:						
			Postal Address:						

<b>jointly and severally for payment of the school fees, even if somebody else has undertaken to pay them and defaults).</b> Please refer to the <b>Fee Schedule</b> for terms and conditions, which are hereby incorporated into this agreement, which has been sent to you and is available upon request, and the contents of which you hereby acknowledge that you are aware of)		
	Residential Address:	
	Id Number:	
	Office Landline:	
	Home Landline:	
	Cellphone Number:	
Next of kin not living with you	Name	
	Residential Address	
	Telephone Numbers:	Home: Office: Cellphone:
<b>Credit reference:</b> Please supply the details of your previous educare, or day mom, or playschool, or school for older child, or other credit reference. Please attach a letter from your credit reference declaring that you are in good standing with all fees paid up to date.	Name:	Address:
	Name of previous educare/school:	Telephone Email address :

### Signatures

#### Father/Guardian:

I, \_\_\_\_\_, ID Number \_\_\_\_\_, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_ of \_\_\_\_\_, 2 \_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Father/Guardian Signature

#### Mother/Guardian:

I, \_\_\_\_\_, ID Number \_\_\_\_\_, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_ of \_\_\_\_\_, 2 \_\_\_\_\_

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**Mother/Guardian Name**

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**Mother/Guardian Signature**

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**Witness 1**

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**Witness 2**

**Documents Required:**

1. ID/Passport document for both parents
2. Child's birth certificate/passport
3. Child's immunisation certificate/Road to Health Booklet
4. Proof of Residence
5. Letter of Good Standing (with respect to fee payment)
6. Copy of Latest School Report
7. Proof of payment of R100 registration of application fee.

**BANK DETAILS**

Account Number: Giggles and Whispers (Pty)Ltd t/a Pixie Wonderland  
Nedbank Current Account: 1238759947  
Branch Code: 10110900