

EDUCARE CENTRE
(Registered Nursery School and Creche)

PARTICULARS OF CHILD

Surname:					
First Names:					
Date of Birth:			Sex:	Girl	Boy
Postal Address:			Residential Address:		
Home Telephone Number:					
Home Language:					
School/ Creche previously attended:					
Brothers/ Sisters (state ages):					
Enrolment as from:					

PARTICULARS OF PARENTS

Fathers Name:				
Occupation:				
Employer:				
Work Address:				
Telephone Number	Cell:	Work:	Home:	
Mothers Name:				
Occupation:				
Employer:				
Work Address:				
Telephone Number	Cell:	Work:	Home:	
Marital Status: (Married, Divorced, Other)				
Child Residing With: (Parents, Mother, Father)				

MEDICAL PARTICULARS

Doctor's Name:				
Telephone Number:				
Any defects – e.g. Hearing, Sight, etc.				
Allergies:				
Other Medical Conditions – e.g. Epilepsy				
Any Permanent Medication:				
Medical Aid:		Number:		
Attach copy of immunisation records:		Yes	No	

IN CASE OF AN EMERGENCY

CONTACT PERSON (Other than parent)	TELEPHONE NUMBER
1.	
2.	