ROOSEVELT PARK PRE-PRIMARY SCHOOL:

APPLICATION FOR ENROLMENT

Year applying for		**Start date required**	

CHILD'S DETAILS

Child's Surname				**First Names**													
Preferred name				**Home Language**													
Date of Birth	YYYY/MM/DD	**ID/Passport**															

Allergies	

Previous School if applicable	

PARENT / GUARDIAN DETAILS

Parent /Guardian 1

Surname				**First Names**													
Relationship to child		**ID/Passport**															
Occupation				**Employer**													
Cell Number				**Email 1**													
Alternate no.				**Email 2**													
Residential Address																	
																	POSTAL CODE

Parent /Guardian 2

Surname				**First Names**													
Relationship to child		**ID/Passport**															
Occupation				**Employer**													
Cell Number				**Email 1**													
Alternate no.				**Email 2**													
Residential Address																	
																	POSTAL CODE

ALTERNATE EMERGENCY CONTACT NUMBERS

Please provide us with 2 other persons details should we not be able to contact the listed guardians above.

Alternate contact 1

Name		**Contact Number**	
Relationship to child			

Alternate contact 2

Name		**Contact Number**	
Relationship to child			

HEALTH & EMERGENCY INFORMATION

Medical Information

Medical Aid		Main Member	
Medical Aid Number			
Family Doctor		Doctor Contact Number	

Medical Conditions

Please tick if applicable:

☐ Asthma

☐ Allergy

☐ Epilepsy

☐ Diabetes

☐ Hearing Difficulties

☐ Vision Difficulties

☐ Food Allergies

☐ Other: _____

Additional Information:

INITIAL FEES

R100	**Application Fee to be paid with this application**	**Roosevelt Park Nursery School Association** **FNB Cresta 254509 (EFT 250655) Swift Code FIRNZAJJ** **Account number: 63195485751** **Ref: Surname APPL**

DOCUMENTS TO ATTACH:

Child's Birth Certificate		**Immunisation Record**	

I/We request the enrolment of my/ our child on your waiting list for admission to Roosevelt Park Nursery School NPC (AKA Roosevelt Park Pre-Primary).

Parent/Guardian 1: _____

Signed: _____ Date_____ 20 _____

Parent/Guardian 2: _____

Signed: _____ Date_____ 20 _____

Office Use only

Playgroup **7:30 – 12:30**	Number of days	**Preschool 7:30 to 12:30**	
		A/care until 14:00	