



Application Form

Date of Admission:			
Half day/Full day:			
Child's Details			
Surname:			
Forenames:			
Date of Birth:			
ID Number			
Age at Entry:			
Allocated Class/Age			
Child's Gender	Male / Female		
Parent's Details			
	Mother/Guardian	Father/Guardian	
Surname:			
Forenames:			
Date of Birth:			
ID Number:			
Occupation:			
Employers Name:			
Home Address:			
Email address:			
Telephone Home:			
Telephone Work:			
Landline Number:			
Cellphone Number:			
Emergency Contact – NB! Must be different to Mother and Father			
Name:			
Relationship to the child:			
Telephone numbers:			
Medical and Health			
	Yes	No	If yes, please specify
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
You will be liable for all the associated charges			
Is your child potty trained?			Yes/No
What terminology does your child use for the words "wee" and "poo"?			
Has your child had any of the following			
	Yes	No	
Asthma			Bladder Infection
Croup			Encephalitis
Prone to Thrush			Respiratory Tract Infection
Scarlet Fever			Any others?
Allergies and Food Intolerances			
	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:
Doctor details			
Doctor name:			
Contact:			
Address:			
Milestones (at what age did your child...?)			
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

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 (NB: both parents are ultimately responsible jointly and severally for payment of the school fees,			Name:					
			Postal Address:					
			Residential Address:					

even if somebody else has undertaken to pay them and defaults). Please refer to the Fee Schedule 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)		
	Id Number:	
	Office Landline:	
	Home Landline:	
	Cellphone Number:	
Next of kin not living with you	Name	
	Residential Address	
	Telephone Numbers:	Home: Office: Cellphone:
Credit reference: 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_____

Mother/Guardian Name

Mother/Guardian Signature

Witness 1

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 R150 registration of application fee.

Banking Details:

Pixie Playland

Account Number: Giggles and Whispers (Pty)Ltd t/a Pixie Playland

Nedbank Current Account: 1238759238

Branch Code: 10110900