



Little Munchkins Preschool and Aftercare

Admission Form

Learners Details

Surname: _____

First names: _____

Date of birth: _____

Number of children in family: _____

Home language: _____

Date of first day at school: _____

Current school: _____

Parent/Guardian details	Father/Guardian	Mother/Guardian
First name and Surname		
Identity number		
Marital Status		
Company where employed		
Occupation		
Work number		
Cellphone number		
Home phone number		
Email address		
Home address		



Emergency contact details

Name of a responsible person who can be contacted in case of an emergency other than the parent.

Name: _____

Address: _____

Work number: _____

Cellphone number: _____

Relationship: _____

Medical Aid details

Name of Medical Aid Scheme: _____

Medical Aid number: _____

Name of principal member: _____

Medical Details

Does your child have any medical problems? _____

Has your child undergone any surgical procedures? _____

Does your child have any allergies? _____

Does your child take medication on a regular basis? If so, please detail.



Doctors details

The name, address and telephone number of the child's doctor in case of an emergency.

Doctor's name: _____

Doctor's address: _____

Doctor's telephone number: _____

We acknowledge that we have been given the following documents:

1. Little Munchkins Consent and Indemnity Form;
2. Information Booklet.

We, the parents/guardians of _____

Confirm that we have read the documents referred to above and we agree to be bound by the terms thereof.

Date: _____

Date: _____

Full names: _____

Full names: _____

Parent/Guardian (1)

Parent/Guardian (2)

Signature: _____

Signature: _____