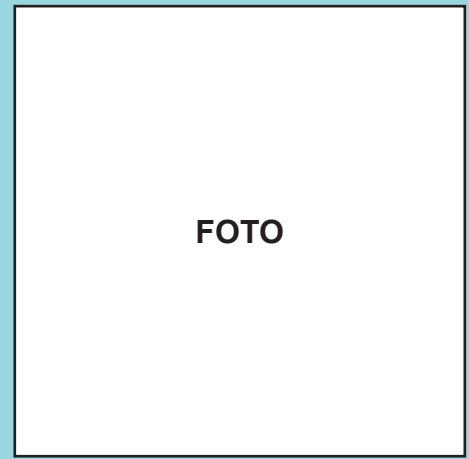




Wiegel Waggel

Baba en Kleuterskool • Crèche and Nursery School



FOTO

ENTRY FORM

Surname:			
Full name of child:	Nickname:		
Date of birth:	Home Language:		
Father's full name and surname:		ID:	
Mother's full name and surname:		ID:	
Marital status of parents/guardian:	Married: <input type="checkbox"/>	Unmarried: <input type="checkbox"/>	Divorced: <input type="checkbox"/>
Home Address:	Postal Address:		
FATHER - Occupation:	Nickname:		
Work Address:	Cellphone:		
	E-mail:		
MOTHER - Occupation:	Nickname:		
Work Address:	Cellphone:		
	E-mail:		
Health of child:	Allergies:		
Name of GP:	Tel:		
Medical Aid:	Number:		
Other contact person:	Tel:		
I hereby give permission that my GP may be contacted in the case of an emergency, if I am not available.			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Previous school attended:	Period attended:		
Underline your choice for school attendance:	FULL DAY: Monday, Tuesday, Wednesday, Thursday, Friday		
DROP-OFF: Earlier option: 6h30 tot 7h00 - R250.00 per month			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ONCE-OFF: Entry Fee:	MONTHLY: School Fee Full Day:	Gate Fee:	
Date when entry fee was be paid:	Receipt No:	Date when child will start school:	

Declaration of Parent / Guardian:

I hereby apply for the admission of my child to Wiegel Waggel Baby and Nursery School and I undertake to pay the fixed fees before or on the 3rd of every month. Further I undertake to give a calendar month's notice in the case where I want to withdraw my child from the school.

SIGNATURE: _____ **DATE:** _____