



Wiegel Waggel

FOTO

INSKRYWINGSVORM

| | | | |
|---|-----------------------------------|-------------------------------------|----------------------------------|
| Van: | | | |
| Volle naam van kind: | Noemnaam: | | |
| Geboortedatum: | Huistaal: | | |
| Vader se volle naam en van: | | ID: | |
| Moeder se volle naam en van: | | ID: | |
| Huwelikstatus van ouer / voog: | Getroud: <input type="checkbox"/> | Ongetroud: <input type="checkbox"/> | Geskei: <input type="checkbox"/> |
| Woonadres: | Posadres: | | |
| VADER - Beroep: | Noemnaam: | | |
| Werkadres: | Selnommer: | | |
| | Email: | | |
| MOEDER - Beroep: | Noemnaam: | | |
| Werkadres: | Selnommer: | | |
| | Email: | | |
| Gesondheid van kind: | Allergie: | | |
| Naam van huisdokter: | Tel: | | |
| Mediese Fonds: | Nommer: | | |
| Ander kontak persoon: | Tel: | | |
| Hiermee gee ek toestemming dat my huisdokter gekontak mag word tydens noodgevalle, indien ek nie beskikbaar is nie. | | Ja: <input type="checkbox"/> | Nee: <input type="checkbox"/> |
| Vorige skool bygewoon: | Tydperk by vorige skool: | | |
| AFLAAI: Vroeër opsie: 6h30 tot 7h00 - R250.00 per maand | | Ja: <input type="checkbox"/> | Nee: <input type="checkbox"/> |
| REGISTRASIEFOOI (eenmalig): R700 | SKOOLFOOI: R4500 | | |
| Datum van registrasiefooi betaal: | Kwitansie Nr: | Datum wanneer kind skool begin: | |

Verklaring van Ouer / Voog:

Ek doen hiermee aansoek vir die toelating van my kind te Wiegel Waggel Baba en Kleuterskool en onderneem om die vasgestelde fooie te betaal voor of op die 3^{de} van elke maand. Verder onderneem ek om een kalendermaand kennis te gee indien ek my kind wil ontrek.

HANDTEKENING: _____ **DATUM:** _____



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: | | |
| DROP-OFF: Earlier option: 6h30 tot 7h00 - R250.00 per month | | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| REGISTRATION FEE: R700 | SCHOOL FEE: R4500 | | |
| Date when registration 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:** _____