



Enrolment Form

Inskrywings vorm





Transport / Vervoer

7 Cathkin Street
Ravenswood
082 539 8814
064 123 5146
spacekidznurseryschool@gmail.com





Details of Child/ Besonderhede van kind

First day of transport/ Eerste dag van vervoer			
Full Names/ Volle Name			
Surname/ Van			
Gender/ Geslag		Date of Birth/ Geboorte datum	
ID Number/ ID Nommer		Age / Ouderdom	
Home Language/ Huis Taal		Religion / Geloof	
Pick up location			Time:
Collection location			Time:
Drop off location			Time:

Details of Father/ Guardian / Besonderhede van Pappa/Voog

Full Name and Surname/ Volle Name en Van			
ID Number / ID Nommer			
Physical Address/ Fisiese Adres	<hr/> <hr/>		
Postal Address / Pos Adres	<hr/> <hr/>		
Occupation / Beroep			
Employer / Werkgewer			
Work Address / Werks Adres	<hr/> <hr/> <hr/>		
Home/ Huis 		Work/ Werk 	
Cell / Sell 		Email / E-pos 	

Details of Mother / Besonderhede van Mamma / Voog

Full Name and Surname/ Volle Name en Van			
ID Number / ID Nommer			
Physical Address/ Fisiese Adres	<hr/> <hr/>		
Postal Address / Pos Adres	<hr/> <hr/>		
Occupation / Beroep			
Employer / Werkgewer			
Work Address / Werks Adres	<hr/> <hr/> <hr/>		
Home/ Huis 		Work/ Werk 	
Cell / Sell 		Email / E-pos 	

Medical details / Mediese besonderhede

Name of paediatrician or doctor / Naam van pediater of dokter	
Contact Number / Kontak nommer	
Medical Aid Name / Mediese fonds naam	
Medical Aid Number / Mediese fonds nommer	
Allergies	

In case of emergency and both the parents are unavailable who can we contact?

In geval van `n noodgeval waar beide ouers onbereikbaar is, vir wie kan ons kontak?

Name and Surname / Naam en Van	
Contact Number / Kontak nommer	
Relationship to Child / Verwantskap	
Physical Address / Woon adres	

I hereby agree for my child to receive the necessary medical attention if I \ we are unavailable, in the case of an emergency. Hiermee gee ek toestemming dat my kind die nodige mediese aandag mag ontvang indien ek/ons onbereikbaar is in die geval van `n noodgeval.

Date/Datum: _____

Signature/Handtekening: _____

We, the father and mother\ guardian of the child _____ (Full name and surname of child)

Indemnity form / Vrywarings Vorm

Hiermee gee ek, _____ toestemming dat my kind/kinders _____ die SpaceKidz bus as vervoer mag gebruik vir opvoedkundige uitstappies en vanaf skole na SpaceKidz. Ek hou nie SpaceKidz kleuterskool verantwoordelik vir enige ongeluk of besering wat opgedoen mag word gedurende die vervoer van my kinders, maar is bewus dat versekering in plek is indien daar `n ongeluk plaasvind.

Handtekening _____

I, _____ hereby give permission that my child/children _____ may use the SpaceKidz bus as transport for educational outings or aftercare from school to SpaceKidz Nursery School. I will not hold SpaceKidz Nursery school responsible for any accident or injury that may occur during the transportation of my child/children but am aware that there are insurance in place may an accident occur.

Signed _____

Please attach:

- A copy of the child/children`s birth certificate/s.
- A copy of each parent`s ID documents.
- A copy of the child/ family medical aid card.

Voorsien ons asseblief van die volgende:

- `n Afskrif van geboorte sertifikaat
- `n Afskrif van beide ouers se I.D`s
- `n Afskrif van Immuniserings sertifikaat
- `n Afskrif van die mediese fonds kaart