

Minion Play School Enrollment Form



PLAY, LEARN, PROSPER

Documents Required

- ✓ ID/Passport documents of both parents
- ✓ Childs Birth Certificate/Passport
- ✓ Proof of Residence
- ✓ Childs Inoculation Certificate/Childs immunization certificate
- ✓ Parenting plan/copy of court order (if divorced)
- ✓ Administration Fee Receipt for

Childs Details

1. Name : _____
2. Surname : _____
3. Date of Birth: _____
4. Place of Birth and Nationality : _____
5. Number on Birth certificate : _____
6. Age at Entry to School : _____
7. Gender: Male Female

Parents Details

	<u>Mother</u>	<u>Father</u>
Name		
Surname		
Date of Birth		
ID Number		
Marital Status		
Occupation		
E-Mail Address		
Home Address		
Postal Address		
Landline ()		
Mobile/Cell		
Emergency Number /Contact		
Name/Relationship		
Telephone Number		

Medical Aid Details

1. Scheme Name: _____
2. Plan: _____
3. Membership Number: _____
4. Principal Member: _____
5. Doctors Name: _____
6. Doctors Phone Number: _____
7. Child on Chronic Medication?: _____
8. Please Specify : _____

Medical Health

1. Has your child ever broken a limb? Yes/No Please Specify : _____
2. Does your child have any particular fears? Yes/No Please Specify : _____
3. Do you have a family history of Dyslexia or hyperactivity? _____
4. Are there any special medical, physical or emotional needs that the school should be aware of?

- Ear Test Date : _____ Reason: _____
- Grommets Date: _____ Reason: _____
- Eye Test Date: _____ Reason: _____

In the Event of a dire emergency, may we take your child to the local doctor?

(NB! You will be liable for any medical charges)

Has your child had any of the following illnesses? Please tick if 'Yes'

<input type="checkbox"/> Croup	<input type="checkbox"/> Asthma	<input type="checkbox"/> Mumps
<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Eye Infections	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Rubella	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Bladder Infections	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Respiratory Tract Infection	<input type="checkbox"/> Prone to Thrush	<input type="checkbox"/> Skin Rashes

Any others that have been not been specified? _____

Does your child have any allergies to, or intolerances for, any of the following. Please tick if 'Yes'

<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Fish
<input type="checkbox"/> Lactose (Dairy)	<input type="checkbox"/> Pet Hair	<input type="checkbox"/> Dust
<input type="checkbox"/> Gluten	<input type="checkbox"/> Wheat	<input type="checkbox"/> other

Analgesics _____

Preservatives _____

Other? _____

Details of any surgery your child has had

Surgery/procedure: _____

Age: _____

Developmental Milestones (At what age did your child?..)

<u>Communication</u>	Start Talking			Smile		
	Laugh			Childs First Word		

<u>Does your Child</u>	Stammer?	Yes	No	Stutter?	Yes	No
	Roll Over?	Yes	No	Battle to 'find 'words	Yes	No

<u>Gross Motor</u>	Roll Over	Yes	No	Sit Up		
	Pull up onto Feet	Yes	No	Take First Steps		
	Did your child crawl	Yes	No			

<u>Feeding</u>	Feed himself/herself	Yes	No	Use a spoon	Yes	No
	Use a knife and fork	Yes	No	Drink from a bottle	Yes	No
	Drink from a cup	Yes	No	Suck a dummy	Yes	No

Family History

- Names and ages of Siblings Name and Age:
Name and Age:
- Child's place in family Oldest Middle Youngest
- Parents marital status Married Divorced Separated Widowed
- If divorced/separated, who does the child live with?
- What are the visiting arrangements?
- Is your child adopted? Yes/No What age?
- Does your child know about the adoption? Yes/No

Discipline

1. Does your child have temper tantrums? _____
2. Do you believe in discipline?' _____
3. Explain briefly how you discipline your child

4. Describe briefly whether you are strict, firm or fairly free in your attitude towards your child:

5. How do you deal with temper tantrums when they arise?

General Information

1. Has your child been to school before? Yes/No
2. Name of previous school: _____
3. What does your child do with mom for fun? _____
4. What does your child do with dad for fun? _____
5. What time does your child go to bed at night? _____
6. What time does your child wake up in the mornings? _____
7. Does your child sleep through the night? _____
8. Does your child have a nap during the day? _____

Security

Who will bring the child to school? _____

Who will collect the child from school? _____

Billing Information

Person Responsible for payment of school fees

1. Name _____
2. Postal Address _____
3. Home Address _____
4. ID Number _____
5. Office Landline _____
6. Home Landline _____
7. Mobile Number _____

Next of Kin not living with you

1. Name: _____
2. Address: _____
3. Telephone Number: _____

Please supply three credit references

1. _____
2. _____
3. _____

I, _____ (Name), _____ (ID/Passport Number), hereby confirm that all of the above information that I have supplied is true and correct at the time of signing this document.

Signed at _____ (Place), on this day _____ (Day) _____ (Month) _____ 20(Year)

Mother

Signature

Date

Father

Signature

Date

School Head

Signature

Date