

# Kid's Kingdom

PRE-SCHOOL CENTRE



Registration No. C15/5/13/2C.4862

P.O. Box 1439, Durbanville 7551,  
Goedemoed Street, Goedemoed, Durbanville, 7550,  
Tel (021) 976 2012  
E-mail: admin@kidskingdom.co.za  
Web Site: www.kidskingdom.co.za



## ENROLMENT FORM

NAME OF CHILD \_\_\_\_\_ SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

**COPY OF BIRTH CERTIFICATE TO BE ATTACHED**

ADDRESS \_\_\_\_\_ HOME LANGUAGE \_\_\_\_\_

\_\_\_\_\_  
PHONE (H) \_\_\_\_\_

FATHERS FIRST NAMES \_\_\_\_\_ E-MAIL \_\_\_\_\_

& I.D. NO (**COPY OF I.D TO BE ATTACHED**) \_\_\_\_\_

PHONE (W) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

MOTHERS FIRST NAMES \_\_\_\_\_ E-MAIL \_\_\_\_\_

& I.D. NO (**COPY OF I.D TO BE ATTACHED**) \_\_\_\_\_

PHONE (W) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WHEN WOULD YOU LIKE  
YOUR CHILD TO START? \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

**An enrolment fee of R750.00 (non refundable) is payable together with the return of this form to ensure admission.**

WHAT TIME WILL YOU BE FETCHING YOUR CHILD:

12H30 \_\_\_\_\_

13H00 \_\_\_\_\_

14H30 \_\_\_\_\_

18H00 \_\_\_\_\_

IS YOUR CHILD ALLERGIC TO ANY MEDICINES / FOODS \_\_\_\_\_?

WHO WILL BRING THE CHILD TO SCHOOL \_\_\_\_\_?

WHO WILL FETCH THE CHILD FROM SCHOOL \_\_\_\_\_?

PERSONS TO CALL IN CASE OF EMERGENCY:

\_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CHRISTIAN TESTIMONY

Your place of Worship \_\_\_\_\_

Church and Denomination \_\_\_\_\_

DO YOU HAVE ANY OBJECTION TO YOUR CHILD BEING NURTURED AND TAUGHT ACCORDING TO CHRISTIAN PRINCIPLES?

\_\_\_\_\_

SIGNED \_\_\_\_\_  
FATHER / MOTHER / LEGAL GUARDIAN

SCHOOL MISSION

To establish and maintain, equip and conduct a Pre-School Centre for children aged 2 - 6 years, where the children will receive:

- 1) a pre-school education in terms of the requirements of the Dept. of Social Development.
- 2) a Christian education carefully designed for their age group, as a service to the community.

YOUR MARITAL STATUS

MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOW / ER \_\_\_\_\_

NAME & AGES OF OTHER CHILDREN:

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WHAT INFECTIOUS DISEASES HAS THE CHILD HAD:

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HAS THE CHILD BEEN IMMUNISED AGAINST:

**COPY OF VACCINATION CARD TO BE ATTACHED**

POLIO YES / NO

DIPHThERIA YES / NO

WHOOPING COUGH YES / NO

MEASLES YES / NO

PHYSICAL FINDINGS TO BE WATCHED AT SCHOOL:

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MILESTONES: AT WHAT AGE DID YOUR CHILD REACH THE FOLLOWING STAGE IN HIS / HER DEVELOPMENT

CRAWL \_\_\_\_\_ WALK \_\_\_\_\_ TALK (REASONABLE SENTENCES OF 3 – 4 WORDS)

\_\_\_\_\_ POTTY TRAINED \_\_\_\_\_

HAS YOUR CHILD ANY OF THE FOLLOWING IMPEDIMENTS:

SPEECH

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PHYSICAL (EYES, EARS ETC)

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IS THERE A FAMILY HISTORY OF ANY OF THE FOLLOWING?

DEAFNESS \_\_\_\_\_

DYSLEXIA \_\_\_\_\_

IS THERE ANTHING SPECIAL WE SHOULD KNOW ABOUT YOUR CHILD?

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HAS YOUR CHILD ATTENDED A PLAY CENTRE?

NAME & ADDRESS \_\_\_\_\_

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TELEPHONE NUMBER \_\_\_\_\_

FOR HOW LONG \_\_\_\_\_

HOW DOES YOUR CHILD RELATE TO OTHER CHILDREN?

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SPECIAL INTERESTS / TALENTS:

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# KID'S KINGDOM PRE-SCHOOL CENTRE

## MONTHLY PAYMENT OF SCHOOL FEES

Fees are payable in 10 equal instalments. If your child starts with us any time from 1<sup>st</sup> August onwards the casual fee will be charged for days attended in December.

We have, for security reasons, adopted a "no cash" policy and therefore request parents to make use of cheques, debit orders or internet / direct transfers to settle school fees. Our banking details are: **ABSA Durbanville, Account No. 1410158872, Branch Code 334810.** Please quote your child's name as reference.

Compliance with these simple rules ensures the smooth running of our school. Thank you in anticipation for your co-operation.

1. I agree to pay 10 equal instalments of R \_\_\_\_\_ in advance.
2. I agree to pay these fees by latest the 3<sup>rd</sup> of each new month.
3. I agree that school fees are payable even if I should be away on holiday or my child absent due to illness.
4. I agree that should I be unable to meet my monthly commitment for fees, I will make the necessary arrangements with the principal, in writing, before the due date. I understand that should no arrangement be in place by the 30<sup>th</sup> of the month, my child will no longer be able to attend school until the account has been settled.
5. I agree that should my account be handed over; I will be responsible for all legal costs.
6. I agree to give one FULL month's notice should I wish to remove my child from the above pre-school.
7. I acknowledge that the school has a 'no cash' policy and will make alternative arrangements with regard to my method of payment.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

# PERMISSION & INDEMNITY

I, the undersigned,.....

Of.....

Address

Being the parent / guardian of.....

Name of Scholar

hereby agree that my son / daughter may take part in all activities of Kid's Kingdom Pre-School inclusive of plays, physical exercise and outings whether on foot or by vehicle.

I understand and accept that all such activities / trips or outings be undertaken at the sole risk of my son / daughter and that I, in my abovementioned and personal capacity, my executors, my spouse and above named child hereby indemnify the supervisors, the teachers and the School Board of all and any losses or damages as well as injuries to my abovementioned child which may occur from any of the fore mentioned activities. I acknowledge that the principal and her staff will take all reasonable precautions to ensure the safety of my child.

The School has a Website and a Facebook page which may contain images of our children from time to time.

FATHER / GUARDIAN ..... DATE .....

MOTHER / GUARDIAN ..... DATE .....