

CHILD CARE ENROLMENT FORM

(ADMINISTRATION OFFICE ONLY)

CHILD SURNAME: _____

CHILD NAME: _____

CHILD DATE OF BIRTH: _____

CHILD CLASS: _____

DATE STARTED: ____/____/2019



PLEASE ATTACH A
PASSPORT SIZE
PHOTO OF YOUR
CHILD HERE

ANNEXURE A

ATTACHED DOCUMENTS CHECKLIST

Please ensure ALL of the following documents are attached to this application before submission :-

PLEASE TICK TO INDICATE DOCUMENTS ARE ATTACHED	
CHILD BIRTH CERTIFICATE	
IMMUNISATION RECORDS/CARD	
ID DOCUMENTS COPY OF ALL PARENTS AND EMERGENCY CONTACTS	
PROOF OF RESIDENCY (lights /rates account or lease agreement that is still valid)	
SALARY SLIPS OF BOTH PARENTS / GUARDIANS	
RECENT PHOTO OF CHILD (only children unable to say their name)	
MEDICAL AID CARD COPY (if on medical aid otherwise mark box N/A)	

FULL DAY	<input type="checkbox"/>	06H00 – 18H00
HALF DAY	<input type="checkbox"/>	06H00 – 13H00
AFTERCARE	<input type="checkbox"/>	13H00 – 18H00

Happy Days Child Care Centre Edenvale
24, 13th Avenue Corner 2nd, Edendale, 1609
Mon – Fri 06:00am – 18:00pm

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Happy Days Child Care requires this form to be completed and all documentation attached prior to your child's first day of childcare with us. This information must be completed by one of the child's parents, who have lawful authority in relation to the child.

Please notify us of any change of details, as soon as they arise.

CHILD DETAILS

Please note Parent and child have their own individual First Name(s): Middle Name: Surname:

First Name	
Middle Name	
Surname	
Child's ID No.	
Date of Birth	
Gender	
Home Address where child resides	
Language(s) Spoken at Home	
Race	

PARENT/GUARDIAN DETAILS

PRIMARY PARENT: The parent (MOTHER/FATHER) who will be contacted first with regards to any queries the school has regards to child, school fees, hospital etc. and that will be receiving all correspondence via text messaging.

FIRST PARENT: MOTHER FATHER (PLEASE TICK ONE)

First Name	
Middle Name	
Surname	
ID No./Passport	
Home Address	
Home Phone	
Mobile Phone	
Occupation	
Work Address	
Work Phone	
Email Address	
Language(s) Spoken at Home	
Race	

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SECOND PARENT: MOTHER ____ FATHER ____ (*PLEASE TICK ONE*)

First Name	
Middle Name	
Surname	
ID No./Passport	
Home Address	
Home Phone	
Mobile Phone	
Occupation	
Work Address	
Work Phone	
Email Address	
Language(s) Spoken at Home	
Race	

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, Happy Days Child Care ECD will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed. Please attach a copy of legal photo ID of each emergency/authorised person.

First Name	
Surname	
ID No./Passport	
Relationship to Child	
Home Address	
Home Phone	
Mobile Phone	
Work Phone	
E-Mail Address	

Tick boxes to authorise: Pick-up Drop-off Emergency

COURT/CUSTODIAL ORDERS

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

YES NO

Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person?

YES NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of Happy Days Child Care cannot enforce parents’ requests.

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MEDICAL INFORMATION

Medical Aid Name	
Medical Aid Number	
Main Member	
Ambulance Cover	
Medicare Contact Phone	
Additional Information	

CHILD HEALTH INFORMATION (Immunisation Record)

Please attach a copy of all relevant documentation in regards to the following. Is your child fully immunised? YES NO

Has your child ever been diagnosed with any of the following?

German Measles	YES		NO		Seizures	YES		NO	
Mumps	YES		NO		Convulsions	YES		NO	
Whooping Cough	YES		NO		Chicken Pox	YES		NO	
Measles	YES		NO			YES		NO	
Other (please specify)									

If you have ticked YES to any in the list above, please specify relevant details below :-

Does your child suffer from any allergies?

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action :-

Does your child have a diagnosed disability or special needs?

If yes, please provide relevant details below :-

Does your child take prescribed medication or treatment on a regular basis?

If yes, please provide relevant details below :-

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Does your child suffer from anaphylaxis (e.g. a bee stings that require immediate medical attention)?
If yes, please provide relevant details below :-

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?
If yes, please provide relevant details below :-

Please list any other details that could help us in providing your child with the most suitable dietary options :-

MORE ABOUT YOUR CHILD

Please provide the name and ages of your child’s siblings :-

Name	Age

HAPPY DAYS ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.

Please tick the following clauses to authorise :-

General

I/We give permission for this child to :-

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)	YES		NO	
Have staff apply Nappy Cream/Paste/Teething Gel (supplied by parents)	YES		NO	

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Photos and Video Footage

I/We give permission :-

For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the centre	YES		NO	
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the centre for students to present to lecturer and class for viewing and marking)	YES		NO	
For photos and video footage of my/our child to be used on the Happy Days ECD Centre website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES		NO	

I/We, _____ & _____ (print) the undersigned, hereby apply for the admission of my child (details here over) to Happy Days Child Care Centre cc (hereinafter referred to as the Centre).

1. Have viewed the Happy Days Child Care Centre (hereafter called the Centre) and consent to the enrolment of the admitting child (hereafter referred to as the child)
2. Agree to comply with all Government requirements in relation to the Centre and its service
3. Understand that all the rules and regulations in Agreement of Tuition and the Prospectus Book and we accept all as part of the contract I/We am/are signing. Acknowledge that I agree to the terms listed above and that the particulars detailed overleaf are correct. I further agree to the jurisdiction of the local Magistrate's court in all disputes. I choose the residential address overleaf as my Domicilium Citandi et Executandi for all purposes.

I/We have read, understood and agree to abide by the conditions of this contract.

Happy Days Child Care Centre
Co-Ordinator

Name: _____

Name: _____

Mother Signature: _____

Signature: _____

Date: _____

Date: _____

Name: _____

Father Signature: _____

Date: _____

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