

PHONE 021 712 5003
EMAIL noahsark@connectchurch.org.za
WEB www.connectchurch.org.za/noahsark

ADDRESS
136 Ladies Mile Rd, Meadowridge, 7806



CONFIDENTIAL ENROLMENT FORM

CHILD'S DETAIL

Surname	<input type="text"/>	First name	<input type="text"/>
Home language	<input type="text"/>	Date of birth	<input type="text"/>
		Gender	<input type="text"/>
Home address	<input type="text"/>	Postal address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Home tel	<input type="text"/>	Current School	<input type="text"/>

Would you make use of services like Early Bird, Safety Net and Holiday Care? Y N

PARENTS / GUARDIANS

Marital status	<input type="text"/>	Religion	<input type="text"/>
Father's name	<input type="text"/>	Mother's name	<input type="text"/>
Date of birth	<input type="text"/>	Date of birth	<input type="text"/>
ID number	<input type="text"/>	ID number	<input type="text"/>
Occupation	<input type="text"/>	Occupation	<input type="text"/>
Employer	<input type="text"/>	Employer	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Work tel	<input type="text"/>	Work tel	<input type="text"/>
Cell phone	<input type="text"/>	Cell phone	<input type="text"/>
E-mail	<input type="text"/>	E-mail	<input type="text"/>

Please indicate who to receive the following correspondence:

Accounts	<input type="text"/>	School info	<input type="text"/>
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MEDICAL DETAILS

List medical conditions, illnesses, allergies, etc.

Name of Medical Aid Medical Aid Number

Food intolerances/Dietary requirements

General Practitioner

Paediatrician

Name

Name

Address

Address

Telephone

Telephone

ALTERNATIVE EMERGENCY CONTACT (OTHER THAN PARENTS / GUARDIANS)

Name Relationship

Work tel Cell phone

OTHER

Please list names and ages of siblings

Signature Date

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ACKNOWLEDGEMENT OF DEBT

I, the undersigned, being the parent/legal guardian, responsible person of the learner

..... hereby assume liability as the principal debtor for the payment
of the account with Noah's Ark Preschool for services rendered.

Interest at the rate of 2% per month shall be charged by the school at its discretion on any amount not paid by and on the due date.

The school charges tuition per year in advance, but a monthly payment for the fees, to be paid over 10 months, may be arranged with the principal or the bursar.

Should the school be forced to commence legal proceedings for default of payment, the principal debtor undertakes to pay for all legal costs incurred. This includes all attorney's fees.

I, the undersigned, have been advised of the conditions of the enrolment and the liability for the fees and agree to all the stipulations and conditions herein.

Name

Signature

Date

For office use:

Deposit paid

Date paid

Start date