



# KAY-DEE EDUCARE CENTRE CC

(Registration no. 1996/008545/23)  
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## Admission Form

(This is an editable PDF document – please type in details if possible or use legible handwriting)

Date of Admission:		
<b>Child's Details</b>		
Surname:		
Forenames:		
Known as name: (if applicable)		
Date of Birth:	YYYY ____ MM ____ DD ____	
ID Number / Passport no:		
Age at Entry:		
Allocated Class		
Child's Gender	Male / Female	
<b>Parent's Details</b>		
	<b>Mother/Guardian</b>	<b>Father/Guardian</b>
Surname:		
Forenames:		
Known as names: (if applicable)		
Date of Birth:	YYYY ____ MM ____ DD ____	YYYY ____ MM ____ DD ____
ID Number / Passport no:		
Occupation:		
Employers Name:		
Home Address:		
Postal Address:		
Email address - work		

Email address - personal								
Telephone Home:								
Telephone Work:								
Landline Number:								
Cellphone Number:								
<b>Emergency Contact – NB! Must be different to Mother and Father</b>								
Name & Surname:								
Relationship to the child:								
Landline number:								
Cell number:								
<b>Medical and Health</b>								
	Yes	No	If yes, please specify					
Has your child ever broken a limb?								
Does your child have any specific fears?								
Does your child take regular medication?								
Do you have a family history of dyslexia, hyperactivity, minimal brain dysfunction or other learning difficulties?								
Are there any special medical, physical or emotional needs that the school should be aware of?								
Has your child ever been to the dentist?								
When last was your child at the doctor?								
In the event your child is very ill and we cannot get hold of you may we take your child to the local doctor? <b>NB: The name and contact details of the doctor we use are in the Parent Handbook.</b> <b>You will be liable for all the associated charges</b>	Yes/No							
Is your child potty trained?	Yes/No							
What terminology does your child use for the words “wee” and “poo”?								
<b>Has your child had any of the following</b>								
	Yes	No		Yes	No		Yes	No
Asthma			Bladder Infection			Chicken Pox		
Croup			Encephalitis			Eye Infections		
Prone to Thrush			Respiratory Tract Infection			Rubella		
Scarlet Fever			Any others?					

Allergies and Food Intolerances								
	Yes	No		Yes	No		Yes	No
Analgesics			Antibiotics			Bee stings		
Dust			Fish			Gluten		
Lactose (Dairy)			Peanuts			Pet Hair		
Preservatives			Wheat					
Analgesics			If yes, please specify:					
Antibiotics			If yes, please specify:					
Any others:								
Has your child had any surgery: Yes / No		If Yes - Type of surgery:				At what age:		
Medical Aid Details								
Scheme Name:								
Plan:								
Membership No.:								
Principal Member:								
Milestones (at what age did your child...?)								
Communication		Start talking						
		Laugh						
		Smile						
		Use baby talk				Yes/No		
		Stutter / Stammer				Yes/No		
		Lisp				Yes/No		
		What was your child's first word						
		Battles to "find" words				Yes/No		
Gross Motor – at what age did your child....?		Roll over						
		Pull up onto their feet						
		Sit up						
		Take the first step						
		Did your child crawl?						
Feeding – does your child?								
	Yes	No		Yes	No		Yes	No

Feed him/herself			Use a spoon			Use a knife and fork		
Drink from a bottle			Drink from a cup/sippy cup			Suck a dummy		
Any others?								
<b>Family History</b>								
Child's place of birth and nationality								
			Yes	No				
Is your child adopted?					If yes, at what age?			
Does your child know about the adoption								
Names and ages of siblings:			Sibling 1:			Sibling 2:		
			Sibling 3:			Sibling 4:		
Child's placement in family	Youngest		Middle		Oldest			
Parents marital status	Married		Divorced/Separated		One parent deceased		Living together	
If divorced/separated, who does the child live with?								
What are the visiting arrangements with the other parent:								
<b>Discipline</b>								
							Yes	No
Does your child have temper tantrums								
Do you believe in discipline								
Briefly describe whether you are strict, firm or fairly free in your attitude towards disciplining your child:								
How do you deal with temper tantrums when they arise:								
Is it easy to console your child once he/she has had a tantrum:								
<b>General Information</b>								
Has your child been to school before							Yes	No
What does your child do with Dad for fun:				What does your child do with Mom for fun:				
What time does your child go to bed at night:								

What time does your child wake up in the mornings:		
Does your child sleep through the night?	Yes	No
Does your child have a nap during the day. Yes / No. If yes, at what times?		

Security at School		
Who will bring the child to school?		
Who will collect the child from school:		
	Details of person dropping off	Details of person collecting
Surname:		
Forenames:		
Known as names: (if applicable)		
ID Number / Passport no:		
Occupation:		
Cellphone Number:		
Billing Information		
Person responsible for payment of school fees <b>(NB: The parents are ultimately responsible for payment of the school fees, even if somebody else has undertaken to pay them and defaults)</b>	Name:	
	Relationship to child:	
	Postal Address:	
	Residential Address:	
	ID Number / Passport no:	
	Office Landline:	
	Home Landline:	
	Cellphone Number:	
Next of kind not living with you	Name	
	Residential Address	
	Telephone Numbers:	Home: Office: Cellphone:

Please supply three credit references:	Name 1:	Address:
	Telephone:	
	Name 2:	Address:
	Telephone:	
	Name 3:	Address:
	Telephone:	

### Signatures

#### Father/Guardian:

I, \_\_\_\_\_, ID Number \_\_\_\_\_, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Father/Guardian Signature

#### Mother/Guardian:

I, \_\_\_\_\_, ID Number \_\_\_\_\_, hereby confirm that all the information supplied on this form is true and correct at the time of signing this document.

Signed at \_\_\_\_\_, on this day \_\_\_\_\_ of \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Witness 1

\_\_\_\_\_  
Witness 2

**Documents Required:**

1. ID/Passport document for both parents
2. Child's birth certificate/passport
3. Child's immunisation certificate/Road to Health Booklet
4. Proof of Residence

**Things To Do:**

1. Give a signed copy of this form to the parents
2. File the original in the child's file