# KAY-DEE EDUCARE CENTRE CC

(Registration no. 1996/008545/23)
Registered Address: 1 Richmond Road, Mowbray 7700
Business Address: Hillpark Lane, Mowbray 7700
Telephone: (021) 689 9615
Direct Fax: 086 561 9556 / Cell No. 082 890 0555
Email: kaydee@kaydee.co.za
Website: www.kaydee.co.za

## Admission Form

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

| | |
|---|---|
| Date of Admission: | |
| **Child's Details** | |
| 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 |

| **Parent's Details** | | |
|---|---|---|
| | **Mother/Guardian** | **Father/Guardian** |
| 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 | | |





The information required below is collected and used to admit and then correctly educate children into our ECD Center. By signing the form you consent to the processing of the personal information for the intended purpose

| | | |
|---|---|---|
| Email address - personal | | |
| Telephone Home: | | |
| Telephone Work: | | |
| Landline Number: | | |
| Cellphone Number: | | |

| | |
|---|---|
| **Emergency Contact – NB! Must be different to Mother and Father** | |
| Name & Surname: | |
| Relationship to the child: | |
| Landline number: | |
| Cell number: | |

| **Medical and Health** | | | |
|---|---|---|---|
| | **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?<br>**NB: The name and contact details of the doctor we use are in the Parent Handbook.**<br>**You will be liable for all the associated charges** | Yes/No |
| Is your child potty trained? | Yes/No |
| What terminology does your child use for the words “wee” and “poo”? | |

| **Has your child had any of the following** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **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? | | | | | |
| | | | | | | | | |



The information required below is collected and used to admit and then correctly educate children into our ECD Center. By signing the form you consent to the processing of the personal information for the intended purpose

| 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** |



The information required below is collected and used to admit and then correctly educate children into our ECD Center. By signing the form you consent to the processing of the personal information for the intended purpose

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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? | | | | | | | | |
| | | | | | | | | |

| **Family History** | | | |
|---|---|---|---|
| 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: | | | | |

| **Discipline** | | |
|---|---|---|
| | **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: | | |

| **General Information** | | |
|---|---|---|
| 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: | | |



The information required below is collected and used to admit and then correctly educate children into our ECD Center. By signing the form you consent to the processing of the personal information for the intended purpose

| | | |
|---|---|---|
| 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 **(NB: The parents are ultimately responsible for payment of the school fees, even if somebody else has undertaken to pay them and defaults)** | Name: | |
| | Relationship to child: | |
| | Postal Address: | |
| | Residential Address: | |
| | ID Number / Passport no: | |
| | Office Landline: | |
| | Home Landline: | |
| | Cellphone Number: | |
| Next of kin not living with you | Name | |
| | Residential Address | |
| | Telephone Numbers: | Home:<br>Office:<br>Cellphone: |



The information required below is collected and used to admit and then correctly educate children into our ECD Center. By signing the form you consent to the processing of the personal information for the intended purpose

| | | |
|---|---|---|
| Please supply three credit references: | Name 1:<br><br>Telephone: | Address: |
| | Name 2:<br><br>Telephone: | Address: |
| | Name 3:<br><br>Telephone: | Address: |

**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
5. Proof of Employment of both parents and person responsible for payment of the fees, if not the parents.

**Things To Do:**

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



The information required below is collected and used to admit and then correctly educate children into our ECD Center. By signing the form you consent to the processing of the personal information for the intended purpose