

STEPPING STONE DAYCARE CENTRE



APPLICATION FORM

| | | | |
|---------------------|--|------------|--|
| Date of Application | | Start Date | |
|---------------------|--|------------|--|

CHILD'S DETAILS

| | | | | | |
|------------------|--|--------|---|---|--|
| First Full Names | | | | | |
| Last Name | | | | | |
| Date of Birth | | Gender | M | F | |

Parents Details

| | | | | | |
|---------------------------------|-------------|---------------|--|-------------|--|
| Father's Full Names & Last Name | | | | | |
| ID/Passport Number | | Date of Birth | | | |
| Home Address | | | | Postal Code | |
| Cell Number | Work Number | Home Number | | | |
| | | | | | |
| Email Address | | | | | |
| Occupation | | | | | |
| Work Address | | | | Postal Code | |
| | | | | | |
| Mother's Full Names & Last Name | | | | | |
| ID/Passport Number | | Date of Birth | | | |
| Home Address | | | | Postal Code | |
| Cell Number | Work Number | Home Number | | | |
| | | | | | |

| | |
|---------------|-------------|
| Email Address | |
| Occupation | |
| Work Address | |
| | Postal Code |

STEPPING STONE DAYCARE CENTRE



Registration Form

Child's Details

| | | | |
|---------------|--|-------------|--|
| First Name | | Middle Name | |
| Nickname used | | Last Name | |
| Date of Birth | | Gender | |
| Home Address | | Suburb | |
| City | | Postal Code | |

Parents Details

| | | | |
|---|--------------------|------------------|---------------------|
| Child's parent/guardian name | home phone # | cell phone# | alternative phone # |
| | | | |
| Home Address | City | Postal Code | |
| | | | |
| Address where you can be reached while child is in care | City | Postal Code | |
| | | | |
| Other than you, who else has permission to pick up your child? | | | |
| Full Names | Address | Telephone number | |
| | | | |
| Name: | Home: () - | | |
| Relationship: | Cell: () - | | |
| | Alternative: () - | | |
| In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them. | | | |
| Parent/Guardian signature: | | | |
| Physical Address | | | Postal Code |
| | | | |

| | | | | | | | | | |
|--------------------------------|-----------------|--|--|--|--|--|--|--|--|
| | 4 th | | | | | | | | |
| Hepatitis B | 1 st | | | | | | | | |
| | 2 nd | | | | | | | | |
| | 3 rd | | | | | | | | |
| | 4 th | | | | | | | | |
| German Measles (Rubella) | | | | | | | | | |
| Combined Measles/Rubella (MMR) | | | | | | | | | |

If you have chosen not to immunise your child Stepping Stone Day Care Centre cannot be held responsible should they contract any of the child illnesses listed above

| DETAILS OF ALLERGIES | Medication and treatment |
|-------------------------|--------------------------|
| Antibiotics / Medicines | |
| Asthma / Hay fever | |
| Food | |
| Insect bites /stings | |
| Other | |
| | |
| | |

DATES AND DETAILS OF PREVIOUS ILLNESS

| Infections/ Diseases | Please tick | | | | Surgical Procedures | Please tick | | | |
|----------------------|-------------|--------------------------|----|--------------------------|---------------------|-------------|--------------------------|----|--------------------------|
| Measles | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Circumcision | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Chicken Pox | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Tonsillectomy | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Mumps | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other [Detail] | | | | |
| Scarlet fever | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Ear/Nose/Throat/Eye | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | | | | |
| Other [Detail] | | | | | | | | | |
| | | | | | | | | | |

ANY OTHER RELEVANT MEDICAL HISTORY

Details

| | |
|---|--|
| Date of last doctor visit and reason | |
| Date of last dentist visit and reason | |
| Has your child ever been hospitalized? | |
| Has your child suffered any major injuries? | |
| Does your child have any current injuries? | |
| Other [Details] | |

N.B

The School must be kept informed of any child or direct family member who have contract an infectious disease or has an illness, accident, skin rash, allergy, ringworm, pinkeye, lice, etc.

This is a requirement from the City Health regulations pertaining to nursery schools.



Certification of Incorporation No ...
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PLEASE INITIAL EACH COMPLETED PAGE AT THE BOTTOM LEFT CORNER