



Contact: Isabel van Emmenis (Owner/Principal) – 082 852 2721 (office hours)
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Admission Form

Date of Admission:			
Child's Details			
Surname:			
Forenames:			
Date of Birth:			
ID Number			
Age at Entry:			
Allocated Class			
Child's Gender	Male / Female		
Parent's Details			
	Mother/Guardian	Father/Guardian	
Surname:			
Forenames:			
Date of Birth:			
ID Number:			
Occupation:			
Employers Name:			
Home Address:			
Postal Address:			
Telephone Home:			
Telephone Work:			
Landline Number:			
Cellphone Number:			
Emergency Contact – NB! Must be different to Mother and Father			
Name:			
Relationship to the child:			
Telephone numbers:			
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 disfunction or other learning difficulties?			
Are there any special medical, physical, or emotional needs that the school should be aware of?			
Has your child every 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? NB: The name and contact details of the doctor we use are in the Parent Handbook. 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	
Asthma			Bladder Infection
Croup			Encephalitis
Prone to Thrush			Respiratory Tract Infection
Scarlet Fever			Any others?
Allergies and Food Intolerances			
	Yes	No	
Analgesics			Antibiotics
Dust			Fish
Lactose (Dairy)			Peanuts
Preservatives			Wheat
Analgesics			If yes, please specify:
Anti-biotics			If yes, please specify:
Any others:			
Any surgery you child has had:	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		
Gross Motor – at what age did your child....?	Battle to "find" words	Yes/No	
	Roll over		
	Pull up onto the 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?								
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 place in the family	Youngest		Middle		Oldest			
Parents marital status	Married		Divorced/Separated		One parent deceased			
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 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:								
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?								
Billing Information								
Person responsible for payment of school fees (NB: The parents are ultimately responsible for payment of the school fees,		Name:						
		Postal Address:						

even if somebody else has undertaken to pay them and defaults)	Residential Address:	
	Id Number:	
	Office Landline:	
	Home Landline:	
	Cellphone Number:	
Next of kin 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.

Please provide email addresses for invoices/correspondence:
