



Smarties Early Learning Centre Application for Admission

Child's Details	
Surname:	
Forenames:	
Name the child likes to be called:	
Date of Birth:	
Age at Admission:	
Class allocated to:	
Child's Gender:	
Full or Half Day Care:	

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:		

Next Of Kin Not Living With You	
Name:	Email:
Physical address:	Postal Address:
Cellphone number:	Landline number:

Emergency Contact Must be different to Mother and Father If possible, please provide two emergency contacts		
Name:		
Relationship to the child:		
Telephone numbers:		

Family Doctor		
Doctors Name:	Telephone Number:	Physical Address:
When last was your child at the doctor? Briefly specify the cause:		
In the event your child is extremely ill, and we cannot get hold of you, may we take your child to the local doctor? NB: Parents will be liable for all associated charges		Yes / No

Medical Aid									
Scheme Name:									
Plan:									
Membership No.:									
Principal Member:									
General Health and Medical History									
			Yes	No	If yes, please specify				
Has your child ever been to the dentist?									
Does your child take regular medication?									
Has your child's vision been screened or tested?									
Has your child's hearing been screened or tested?									
Has your child ever broken a limb?									
Does your child wear corrective shoes?									
Does your child have any specific fears?									
How do you feel your child is speaking for his/her age?									
Do you have a family history of Dyslexia, hyperactivity, minimal brain dysfunction, or barriers to learning?									
Are there any special medical, physical, or emotional needs the school should know?									
How is your child's overall health?									
Is your child potty trained?								Yes/No	
What terminology does your child use for the words "urinate" and "bowel movement"?									
Illnesses									
	Yes	No		Yes	No		Yes	No	
Asthma			Bladder Infection			Chicken Pox			
Croup			Colds (frequent)			Convulsions			
Diabetes			Epilepsy			Earaches			
Encephalitis			Hepatitis			Heart Disease			
Kidney Disease			Meningitis			Mumps			
Measles			Nosebleeds (frequent)			Nappy rash (prone to)			
Pneumonia			Rubella (German Measles)			Respiratory Tract Infections			
Rheumatic Fever			Thrush (frequently)			Tonsillitis			
Scarlet Fever			Vomiting (frequently)						
Allergies and Food Intolerances									
	Yes	No		Yes	No		Yes	No	
Dust			Fish			Bee stings			
Lactose (Dairy)			Nuts			Pet Hair			
Preservatives			Wheat/Gluten						
Analgesics			If yes, please specify:						
Anti-biotics			If yes, please specify:						
Any others:			If yes, please specify:						
Any surgery your child has had: Yes/No		Type of surgery:				At what age:			
Milestones (at what age did your child...?)									
Communication			Start talking						
			Laugh						
			Smile						
			Does your child use baby talk?			Yes/No			

	Does your child stutter / stammer?		Yes/No			
	Does your child lisp?		Yes/No			
	What was your child's first word?					
	Does your child struggle to "find" words		Yes/No			
Gross Motor – at what age did your child....?	Roll over					
	Pull up onto the feet					
	Sit up					
	Take the first step					
	Did your child crawl? At what age?		Yes/No Age:			
Feeding – does your child?						
	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?						
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 relatively 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?						
Security						
Who will bring the child in the morning:						
Who will collect the child in the afternoon:						
General Information						
Has your child attended an early learning centre 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?						

Billing Information	
Please provide details of the person responsible for payment of school fees.	
(NB: The parents are ultimately responsible for payment of the school fees, even if a third party has undertaken to pay them and defaults)	
	Name:
	ID Number:
	Postal Address:

	Email Address:		
	Cellphone Number:	Landline Number:	
Credit References			
Contact Name and Designation	Organisation / Individual Name	Telephone number	Email Address

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

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. Child's immunisation certificate/Road to Health Booklet
2. Child's Birth Certificate
3. Copy of both parent's identity documents