



27-8<sup>th</sup> Avenue, Orange Grove, 2192  
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Early childhood education is a primary right belonging to all children

## ENROLMENT FORM

### PARTICULARS OF CHILD

Name & Surname	
Nickname	
Gender	
Date of Birth	
Home Language	
Home Telephone No.	
Home Address	

### PARTICULARS OF PARENTS

	Mother	Father
Name & Surname		
ID Number		
Home Address		
Home Telephone No.		
Cellphone No.		
Work Address		
Work Telephone No.		
Email Address		
Marital Status		

PARTICULARS OF CLOSE RELATIVE

Name & Surname	
Address	
Home Telephone No.	
Cellphone No.	

MEDICAL INFORMATION

Name of medical doctor	
Telephone No.	
Contagious diseases that s/he had e.g. Chicken pox:	
<b>Disease</b>	<b>Date</b>
Immunization	Up to date
	Not up to date
Allergies	
Any other sickness we should know about?	
Recent operations	
Physical Abnormalities	
<b>Medical Aid details</b>	
Name of main member	
Medical aid fund & number	

INDEMNITY

We, the undersigned parents/guardians of .....(Child's full name) herewith place our child, out of our free will and our risk in the care of Bright Stars Daycare staff and hereby indemnify the principal and responsible persons from any liability against incidents and accidents, which might occur while my said child is in care of Bright Stars Daycare. We are aware that all reasonable precautions will be taken for the safety of our child.

.....

Signature of parents/guardians

.....

Date

CONSENT FOR MEDICAL TREATMENT

I, ..... PARENT/GUARDIAN of .....( FULL NAME AND SURNAME) cede my powers as parent/guardian to the principal of Bright Stars Daycare, or her representative, should emergency medical/surgical treatment be required for my child. As far as I know my child is in a good state of health. In the event of my child requiring emergency medical treatment, I authorise Bright Stars Daycare principal to consent on my behalf. I understand that in such an event every effort will be made to contact the parent or guardian of the child first.

I accept all reasonable precautions will be taken for the safety and well being of my child and that I will be held responsible for paying any emergency medical and/or hospital accounts incurred on behalf of my child where applicable.

I also consent that my child may be transported to the nearest hospital or medical facility for medical attention, should the principal deem it necessary.

I do, however, request the responsible persons to note the following: (Any particulars in connection with the child’s state of health: Allergies, epilepsy, or other conditions.)

.....  
.....

Signature of parent/guardian

Date

AGREEMENT

I agree to abide by the following school rules:

- Paying the school fees before the 3<sup>rd</sup> of each month and take note of late payment penalty fee.
- Paying late collection penalty fee.
- School fees are payable over 12 months and no notice may be given in November.
- One moth written notice when the child leaves the school.
- The school reserves the right to refuse my child entrance to the school should I fail to pay all fees on time.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature of mother/guardian: \_\_\_\_\_

Signature of father/guardian: \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

1. ID COPIES OF PARENTS
2. CHILD’S BIRTH CERTIFICATES
3. CHILD’S IMMUNIZATION CARD

**FOR OFFICE USE ONLY**

Copy of birth certificate attached and date of birth confirmed	
Copy of clinic card attached	
Copies of parent's IDs attached, and parents' names confirmed	
Contact details confirmed	
Confirmed by:	