



BEKKER BEKKIES PRE SCHOOL



014 577 1129

Seekoeihoek, Magaliesburg

info@lsbekker.co.za

ENROLMENT FORM – Complete with black pen.

Year -202_

NB: Attach copies of:

Child's Birth Certificate Clinic Card Both Parents ID's

Child information			
Name in full			
Surname			
Name by which is called			
Date of birth			
ID number			
Gender	Male		Female

Nationality	RSA	Other:		
Race	White	Black	Asian	Colored
Home Language	Afr.	Eng.	Setswana	Other:
Language of Learning	Afr.	Eng.		

Parent/ Guardian information	
Mother/ Guardian 1	
Name and surname	
Cell phone number	
ID number	
Work telephone number	

Email	
Physical address	
Occupation	
Father/ Guardian 2	
Name and surname	
Cell phone number	
ID number	
Work telephone number	
Email	
Physical address	
Postal address	
Occupation	
Religion	
Method of transport	<input type="checkbox"/> Parent <input type="checkbox"/> School Bus <input type="checkbox"/> Taxi
Contact details	

Medical information	
Name of Medical Aid	
Main member	
Med. Aid number	
House doctor	
House doctor tel. no.	
Medical history	
Chronically conditions	
Allergies	

Payment agreement

Agreement between Bekker Preschool and _____ (name of parent/guardian) responsible for school fees.

Payments to Bekker Preschool will be made as follows:

- Full payment before 3 months of enrolment.
- Payment over 11 months.

I parent/guardian of _____ undertake to honor the agreement above and should school fees be in arrears, my child will be dismissed from Bekker Nursery School.

In the event of your child being sick or a medical emergency occurring at Bekker Primary, the staff at Bekker Primary will:

- Attempt to contact parents/guardian of child immediately.

In the event of our staff not being able to get hold of parents/guardian Bekker Primary will:

- Give medication (if necessary) at their own discretion.
- Give medical treatment (with a First Aid Level 1 staff member) at their own discretion.

I _____ parent/guardian of _____ (child's name) give permission for Bekker Primary to administer medication and/or medical treatment at own discretion.

Date: _____

Signature of parent/guardian: _____