Crowies Place cc

2009/125805/23
147 Beaufort Street
Goodwood
7460

Email : info@crowiesplace.co.za
Cell : 082 046 5862

CROWIES PLACE CC – ENROLMENT FORM

CONFIDENTIALITY NOTICE: All information provided on this form is strictly confidential and will be handled in accordance with the Protection of Personal Information Act (POPIA) of South Africa. Our policies are strictly in place to ensure each child's safety and well-being. Parents/Guardians are required to comply with all policies, as mandated for Early Childhood Development (ECD) centers in South Africa.

APPLICATION FORM
CHILD'S INFORMATION

Full Name of Child: _____

Date of Birth (DD/MM/YYYY): _____

Any Allergies / Medical Conditions: _____

Special Needs or Learning Barriers (if applicable): _____

Hobbies or Interests of the Child: _____

PARENT/GUARDIAN INFORMATION
Primary Parent/Guardian
Full Name: _____

Relationship to Child: _____

Phone Number (Home): _____

Cell Number: _____

Work Number: _____

Email Address: _____

Home Address: _____

Work Address: _____

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Preferred Method of Communication ☐ WhatsApp ☐ Email ☐ SMS:

Occupation: _____

Secondary Parent/Guardian (if applicable)

Full Name: _____

Relationship to Child: _____

Phone Number (Home): _____

Cell Number: _____

Work Number: _____

Email Address: _____

Home Address: _____

Work Address: _____

Preferred Method of Communication ☐ WhatsApp ☐ Email ☐ SMS:

Occupation: _____

EMERGENCY CONTACT INFORMATION (If neither parent/guardian is available)

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Cell Number: _____

Work Number / Alternative Number: _____

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AFTER-SCHOOL ACTIVITIES FOR THE YEAR (e.g., Tennis, Choir, Rugby, Swim)
(Please list any regular after-school activities your child participates in)

_____

MEDICAL CONSENT AND INSTRUCTIONS

Our aftercare does not administer medication to children, unless it is chronic medicine. For chronic medication, written consent is required for us to administer it. Please attach a separate, detailed written consent form signed by the parent/guardian and a medical practitioner, outlining the medication, dosage, and administration schedule.

In the case of contagious illness such as diarrhoea, vomiting, gastro, etc., the child must provide a copy of a sick certificate upon returning to aftercare.
We do not fetch sick children from school. This remains the parents'/guardians', duty.

PICK-UP AUTHORIZATION

Parents/Guardians are to provide the names of any additional people authorized to pick up their child from aftercare.
Please note: Individuals not listed below will NOT be permitted to pick up your child.

Authorized Person 1:
Full Name:_____

Relationship to Child:_____

Contact Number: _____

Identity Number: _____

Authorized Person 2:

Full Name: _____

Relationship to Child: _____

Contact Number: _____

Identity Number: _____

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Court-Ordered Documentation (Custody Issues):

Parents/Guardians are to provide copies of any court-ordered documentation related to custody issues (e.g., restraining orders against a parent or guardian). These documents will only be handled by the Principal of Crowies Place CC, and their contents will be kept strictly confidential. We are aware that legal action can be taken on breach of contract.

CONSENT AND ACKNOWLEDGEMENT

I, _____ the undersigned Parent/Guardian, confirm that all information filled in on this form is accurate and up to date. I understand that it is my responsibility to inform Crowies Place CC of any changes to this information immediately. I also confirm that I have read, understood, and agree to comply with all policies of Crowies Place CC, including the Child Safety Policy, Sick Child Policy, Discipline Policy, Admissions Policy, and Video & Picture Release Policy, which are attached to and form part of this enrolment.

Parent/Guardian Full Name: _____

Signature: _____

Date: _____