



**Enrolment form**

**Clifford Avenue, Vredehoek**  
**disapark@telkomsa.net –**  
**[www.disa-park-preprimary](http://www.disa-park-preprimary)**

**021-461 7431 phone**

**Full name and surname of child: .....**

**First name: ..... Sex: .....**

**Date of birth: ..... Age: .....**

**Home language: ..... Other languages: .....**

**Religion: ..... Date of admission: .....**

**Name of previous school / playgroup attended: .....**

**Half day (until 13:00): YES / NO Aftercare (until 15:00): YES / NO**

**Aftercare (until 17:30): YES / NO**

**Number of children in family: .....Is child the 1st, 2nd, etc in family? .....**

**Names and ages of brothers and sisters: .....**

.....

**Family doctor: ..... Tel.no: .....**

**Allergies / Chronic problems.....**

**Any problems with hearing, sight, speech, nose, ears, teeth, urinating, nervous system, feet, legs: .....**

**Name any operations your child has had, when they were, and what they were for:**

.....

**Underline illnesses your child has been immunised for: Tuberculoses (BCG), Diphtheria, Whooping-cough, Tetanus, Measles, German measles, Mumps, Polio, Hepatitis B, Meningitis**

**Underline illnesses your child has already suffered from: Measles, German measles, Whooping-cough, Chicken-pox, Mumps, any other :**

.....

**Alternative contact person (not mom/dad) in Cape Town:**

.....

**Contact numbers: .....**

**Information of mother / guardian:**

**Full name and surname:** .....

**First name:** ..... **ID number:** .....

**Home address:** .....

**Postal address:** .....

**Home nm:** ..... **Cell phone:** .....

**Email address:** .....

**Occupation:** ..... **Employer:** .....

**Work address:** .....

**Work nm:** ..... **Religion:** .....

**Medical Aid:** ..... **Reference number:** .....

**Marital Status:** Married / Single / Divorced / Widow

**Information of father / guardian:**

**Full name and surname:** .....

**First name:** ..... **ID number:** .....

**Home address:** .....

**Postal address:** .....

**Home nm:** ..... **Cell phone:** .....

**Email address:** .....

**Occupation:** ..... **Employer:** .....

**Work address:** .....

**Work nm:** ..... **Religion:** .....

**Medical Aid:** ..... **Reference number:** .....

**Marital Status:** Married / Single / Divorced / Widower

**One term's written notice is required should you wish to withdraw your child from Disa Park Pre-primary.**

**Parent responsible for payment of school fees:** .....

**Signature:** ..... **Date:** .....