



EARLY CHILDHOOD DEVELOPMENT CENTRE

338 ALTA STREET
SILVERTON
0184

TEL: (012) 804 1448
CELL: 082 562 6381
E-mail: ladybirdelc@gmail.com
REG. NR. 053-751-NPO

OFFICE USE ONLY

First day at school : _____ Registration : _____

Teacher : _____ Registration received : _____

CHILD'S INFORMATION

Surname : _____ Name : _____

Can he/she speak English? _____ Gender: _____

Home Language : _____ Home Tel : _____

Home Address : _____ Postal Address : _____

Date of birth : day _____ month _____ year _____ Age : _____

PARENTS INFORMATION

<p style="text-align: center;"><u>FATHER</u></p> <p>Name : _____</p> <p>Surname : _____</p> <p>Employer : _____</p> <p>Occupation : _____</p> <p>Work address : _____</p> <p>Contact details : (w) _____</p> <p style="padding-left: 40px;">(h) _____</p> <p style="padding-left: 40px;">cell _____</p> <p>E-mail address : _____</p> <p>ID No. _____</p>	<p style="text-align: center;"><u>MOTHER</u></p> <p>Name : _____</p> <p>Surname : _____</p> <p>Employer : _____</p> <p>Occupation : _____</p> <p>Work address : _____</p> <p>Contact details : (w) _____</p> <p style="padding-left: 40px;">(h) _____</p> <p style="padding-left: 40px;">cell _____</p> <p>E-mail address : _____</p> <p>ID No. _____</p>
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PERSON RESPONSIBLE FOR PAYING SCHOOL FEES :

Name : _____

Contact details : (w) _____ (h) _____
Cell _____

I the undersigned, hereby promise to pay school fees as determined by Ladybird Pre-School as follows:

Payments should be made on the 1st day of each month.

Payments can be transferred directly into our bank account.

Bank : ABSA Branch : Silverton
Acc. No. 40-5717-2698 Code : 632005
Acc. Type : Cheque Acc Holder : L de Bruyn

(Please use your child's name and surname as reference)

I am the person responsible for the school fees of the following child or children

- a) _____
- b) _____
- c) _____

Signed on this _____ day of _____ 20_____

SIGNED :

MEDICAL INFORMATION

Medical Aid : _____ Number : _____
Illness of the child : _____
Allergies : _____

(Please attached copy of Birth Certificate and Clinic card)

TRANSPORT ARRANGEMENTS

How will the child get to school ?

Person responsible to fetch child : _____ Tel: _____

Person to be contacted in case of emergency :

Name : _____
Relationship : _____
Contact details : (h) _____ (w) _____ cell _____

Where did you hear about Ladybird E.L.C ? _____