



The Mustard Seed Nursery School

“WINGS TO FLY AND ROOTS TO GROW”
DEDICATED TO EXCELLENCE
69 HONIBALL STREET, RYNFIELD, BENONI, 1501
063 490 8857

ENROLMENT FORM

Date of application	
Full name and surname of the child	
Preferred name	
Date of birth	
ID number	
Gender	
Religion	
Home language	
Can he/she speak fluent English	Yes / No
Potty trained	Yes / No
Physical address	

Other children in the family	Yes / No
Number of children and Ages	
Position of this child in the family	

Mothers' details

Full name and Surname	
ID number	
Cell phone number	
Email address	
Physical address	
Occupation	
Employer	
Work number	
Work address	

Fathers' details

Full name and Surname	
ID number	
Cell phone number	
Email address	
Physical address	
Occupation	
Employer	
Work number	
Work address	

Parents marital status	
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Mothers' maiden surname	
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Name of family doctor	
Number	
Address	
Name of paediatrician	
Number	
Address	
Family's medical aid	
Medical aid number	
Dependent code	

Allergies	
All compulsory immunisations done	Yes / No
Special dietary requirements	
Any concerns regarding health, development, sleeping or eating	

First contact person other than parents	
Relationship to child	
Cell phone number	
Work number	

Second contact person other than parents	
Relationship to child	
Cell phone number	
Work number	

In the event that any of the above persons cannot be reached, I hereby give permission for my child to receive any necessary emergency medical care or treatment decided on by a teacher or nurse at The Mustard Seed Nursery School and I will assume responsibility for the payment for such care or treatment.	
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Signature of Mother	
Signature of father	
Signature of Owner / principal	