

V4: CHILD ADMISSION FORM

ECD PROGRAMME NAME:

| CHILD'S INFORMATION | | | | | | | | | | | |
|--|---------------|----|----|------------|-----|--------------|------|--|-------------------------|--|-------|
| FIRST NAME (Full surname as per ID) | | | | | | | | | | | |
| SURNAME (Full surname as per ID) | | | | | | | | | | | |
| CHILD'S IDENTITY NUMBER | | | | | | | | | | | |
| DATE OF BIRTH | YYYY | MM | DD | SEX | Boy | | Girl | | PRIMARY LANGUAGE | | |
| CHILD'S RACE | Black/African | | | White | | Indian/Asian | | | Coloured | | Other |

| PARENT/CAREGIVER INFORMATION | | | | | | | | | | | |
|---|---------------|--|--|-------------|--|-------------------------|--|--|--|--|--|
| FULL NAME OF PARENT/CAREGIVER 1 | | | | | | Relationship to child | | | | | |
| PARENT/CAREGIVER 1 IDENTITY NUMBER | | | | | | | | | | | |
| PARENT/CAREGIVER PHONE NUMBER | | | | | | Place of work | | | | | |
| PHYSICAL ADDRESS | Street number | | | Street Name | | | | | | | |
| | Town/City | | | Postal code | | | | | | | |
| FULL NAME OF PARENT/CAREGIVER 2 | | | | | | Relationship with child | | | | | |
| PARENT/CAREGIVER 2 IDENTITY NUMBER | | | | | | | | | | | |
| PARENT/CAREGIVER 2 PHONE NUMBER | | | | | | Place of work | | | | | |
| PHYSICAL ADDRESS | Street number | | | Street Name | | | | | | | |
| | Town/City | | | Postal code | | | | | | | |

| INCOME SOURCE | | | | | | | | | | | |
|---|---------|--|------------------|--|-------------------|--|---------------------|--|--|--|--|
| DOES THE FAMILY GET ANY OF THESE? | Pension | | Disability grant | | Foster Care Grant | | Child Support Grant | | | | |
| Name of person to contact in an emergency | | | | | | | | | | | |
| Emergency contact number | | | | | | | | | | | |

| HEALTH INFORMATION OF THE CHILD | | | | | | | | | | | |
|---|------|--|------|--|-----|----|-------|--|-----|--|--|
| If the child has any allergies or disabilities, please describe them | | | | | | | | | | | |
| Does the child have any health conditions that we should be aware of? | | | | | | | | | | | |
| Days the child will attend | Mon | | Tues | | Wed | | Thurs | | Fri | | |
| Times my child will attend | From | | | | | To | | | | | |

THE COMPLETED FORM MUST BE RETURNED WITH: (please tick the box)

- Copy of the child's clinic/health card
- Copy of the child's birth certificate
- Parent/Caregiver copy of ID
- Copy of child support grant

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--------------|--|--|
| <p><i>I give permission for the personal information provided to be stored and used for the purpose of running and proper management of the ECD programme. I understand that my information will be shared with the government from time to time, as required by law. I also agree to the storage of personal information for up to three years after my child has left the programme, with the safe destruction of the information shortly thereafter. By signing this form, I am giving consent to collect, store, share, and eventually destroy my and my child's personal information.</i></p> | | | | | | | | | | | |
| <p><i>I agree to let my child be in photos or videos to be displayed in the school, share via WhatsApp groups with the parents/caregivers or tell others about the programme. The pictures and videos will not have my child's name. Pictures and videos will not be used to make money or share with anyone else and will become the property of the programme.</i></p> | | | | | | | | | | | |
| <p><i>I agree to pay the school fees every month and follow the rules and regulations of the ECD Programme</i></p> | | | | | | | | | | | |
| SIGNED: | | | | | | | | | DATE: | | |