



88 Appelgrein Street
Brackenhurst
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Enrolment Form	
Learner	
Surname	
Name	
Date of Birth	
Residential Address	
Medical Aid Name and Number	
Medical Conditions	
Allergies	
Mother	
Surname	
Name	
ID Number	
Residential Address	
Work Telephone Number	
Cell phone Number	
Email Address	
Father	
Surname	
Name	
ID Number	
Residential Address	
Work Telephone Number	
Cell phone Number	
Email Address	
Alternate Contact	
Name and Surname	
Cell phone Number	
Additional Number	
Relation to the Child	
Number of Days Required	
5 Days	
4 Days	
3 Days	

Fees are due by the first of each month and are payable for 12 months, January to December. One month's notice is required by the 1st of the month to terminate this contract. Notice will not be accepted after the 1st of October of each year.

Documentation to be submitted

- IDs of both Parents

Consent & Indemnity

I,..... (full names) the parent of
(full names) hereby give my consent for my child to be seen by any doctor in case of an emergency.

I fully understand and accept that all outings and school activities shall be undertaken at my child's own risk and I undertake on behalf of myself to indemnify against and absolve BAOBAB KIDS for any injury or loss suffered by myself or child in consequence of their attendance. Necessary precautions will always be taken to ensure the safety and welfare of your child.

Consent for photographs of your child to be posted on our social media pages:

Yes / No

I agree to the terms and conditions set out above.

Signed at on the.....day of.....

.....
Signature of parent