



# Fleming

Pre-Primary & Early Learning Centre

office@flemingpreprimary.co.za  
amanda@flemingpreprimary.co.za  
www.flemingpreprimary.co.za  
Tel: 011 327-0083



**ENROLMENT FORM: Confidential Information**

For: (Year) \_\_\_\_\_

Child's Surname:

First Names:

Date of Birth:

Child's Gender:

Nationality:

Home Language:

Residential address of child:

Code:

Tel:

Person responsible for paying fees

Mother's Details:

Full Names and Title:

ID Number:

Marital Status:

Home Address:

Home Tel:

Cell:

Work Tel:

Email address:

Occupation:

Current Employer:



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Father's Details:

Full Names and Title:

ID Number:

Marital Status:

Home Address (If different from child's):

Home Tel:

Cell:

Work Tel:

Email address:

Occupation:

Current Employer:

Child's previous school & telephone number:

How did you find out about Fleming Pre-primary Centre?

Medical Aid Name and Number:

Is your child on medication? If so, please specify:

Does your child suffer from any medical condition that we should be aware of - for the child's sake and all the other children in our care, eg. Tuberculosis, HIV/AIDS? If so please specify:

Please indicate any other dietary, medical or physical condition that we should be aware of eg. disabilities or allergies, Vegetarian, Halaal etc:

Family Doctor:

Tel No:

Emergency contact (other than parent)





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Name:

Relationship:

Tel Number:

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Names and telephone  
numbers of two further  
contacts: 1. 2.

My Child will be attending school until: 12h30 \_\_\_\_\_ 14h30 \_\_\_\_\_

Form of payment: Monthly \_\_\_\_\_ Termly \_\_\_\_\_ Annual \_\_\_\_\_

Which primary school will your child attend? \_\_\_\_\_

I / we declare that the above information is correct and will inform the school of any changes that may occur.

**NAME:**

**DATE:**

**SIGNATURE:**