



Fleming

Early Learning Centre

62A Buckingham Avenue, Craighall Park, 2196
flemingelc@mweb.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:	
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)

Name:

Relationship:

Tel Number:

Names and telephone numbers of two further contacts:

- 1.
- 2.

My Child will be attending school until: 12h30 _____ 14h30 _____ 15h30 _____

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: