





Enrolment Form



By Dr Guy Stubbs Narrative by Amie Harms Artwork by Carissa Gagashi





You must fill this form in if you, as a parent/guardian, want your child to attend/ use the centre's services and if you fully understand, have agreed to, and signed the centre's Prospectus.



	ENROLMENT FORM FOR THE FOLLOWING SCHOOL YEAR:
If a se	indly ask parents/guardians to read this form carefully and fill in ALL the empty lines. ection does not apply to you or the child, please write "none." Please ask centre agement for help if there is something you are not sure of.
PART	1: CHILD'S INFORMATION
1.	Name and Surname:
2.	Date of Birth:
3.	ID No:
4.	Gender (male or female):
5.	Nationality (which country was the child born in):
6.	Age:
7.	Home Language:
8.	Hobbies (what does the child like to do in his or her free time):

9.

Disabilities, if any: _

10.	Allergies, if any:
11.	School or Centre currently attending if any:
	,
12.	Grade:
13.	Is the child a Government Social Grant recipient?

If yes, which grant does he or she receive?

PART 2: GUARDIAN'S INFORMATION

1.	Name and Surname:				
2.	Relationship with the child (mother/father/guardian/foster parent):				
3.	Nationality (in which country were you born?):				
4.	ID No:				
5.	Age:				
6.	Employment Status (are you working yes/no?):				
	If employed, name the employer and write the physical address where you carry out this employment:				
7.	Income per month:				
8.	Marital Status (are you married):				
9.	Physical Address:				
10.	Cell Phone No:				
11.	Payment of Fees: I, (parent/guardian), agree to pay/agree to pay a portion of / cannot afford to pay (circle the relevant answer):				
11.1	per month for a period of 12 months for the child's attendance at the centre. (Please ask centre management to help you complete this section – centre management to refer to the Prospectus for fee calculations).				

Centre management and parents/guardians must please complete and sign the ChildVision Centre of Excellence Family Employment Contract if they cannot pay centre fees every month.

11.2 Work at the centre as an employee for ______ (hours) each month at _____ (Rate/Credits) per hour to contribute toward the full monthly fees or a portion thereof. (Please ask centre management to help you complete this section).

12. I understand that, unless otherwise agreed on in a signed contract, I will earn credits instead of South African rands, with one credit equalling one South African rand.

These credits will be accepted by the centre as fees for centre services.

Circle: Yes / No

13. I know that, as a parent/guardian, I am required to join a Village Savings and Loan Association group to save and learn about income-generating opportunities to help improve my income. I also understand that I must participate in the governance of the centre to help it reach its goals.

Circle: Yes / No

14. I know that the centre and all centre staff, parents/guardians, and other adults who enter the centre must strictly follow the centre's Child Protection Policy as well as all of the South African Child Protection Act.

Circle: Yes / No

Please tick the boxes to confirm that the following documents are handed in with this form:

	Child's Road to Health Book
	Birth Certificate/ID Copy
	Parent/Guardian's ID Copy
	Signed Prospectus
	Signed Family Employment Contract (if applicable)
П	Signed Enrolment Form

*Please meet with the centre owner or centre manager if you do not have any of the above documents.

Signature of parent/guardian			at	_ at	
		_ (Place)			
Date					
Witness			_Date _		
Signature of Centre Represent	ative _			_	
Capacity					
Date	_				
Witness	Date				

Isaiah 54:13

All your children shall be taught by the Lord, and great shall be the peace of your children.







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