



Montessori Centre for Early Childhood Development
Moreletapark, Pretoria East
Play, Learn and Grow Together!

REGISTRATION FORM

CHILD DETAILS – GENERAL

Name _____ **Nickname** _____

Surname _____ **Home Language** _____

Date of Birth _____ **Language of Education** _____

Gender _____ **Nationality** _____

Religion _____ **Position in Family** _____

Enrollment Date _____ **Half/Full Day** _____

Is your child receiving any therapy? Please describe: _____

History of your child – Pregnancy/Birth: _____

Previous Pre-School: _____ **Contact no.** _____

Any information the school needs to know regarding your child: _____

CHILD DETAILS – MEDICAL

Doctor's Name _____ **Medical Aid Name** _____

Doctor's No. _____ **Medical Aid No.** _____

Doctor's Address _____ **Main Member** _____

Allergies / Medication _____



PARENT/GUARDIAN DETAILS – FATHER

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Title _____ Name _____ Surname _____

Id No. _____ Marital Status _____

Home Address: _____ Postal Address: _____

Home No. _____ Cellphone No. _____

Work No. _____ Fax No. _____

Email Address: _____

Occupation: _____ Place of Employment: _____

Live with child: Yes / No Paying Person: Yes / No

If yes which option do you prefer? Printed / Emailed Invoice: _____

PARENT/GUARDIAN DETAILS – MOTHER

Title _____ Name _____ Surname _____

Id No. _____ Marital Status _____

Home Address: _____ Postal Address: _____

Home No. _____ Cellphone No. _____

Work No. _____ Fax No. _____

Email Address: _____

Occupation: _____ Place of Employment: _____

Live with child: Yes / No Paying Person: Yes / No

If yes which option do you prefer? Printed / Emailed Invoice: _____



Emergency Contacts

Montessori Centre for Early Childhood Development
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In case of emergency and both parents are unreachable I _____

parent/guardian of _____ give consent to the following people to act

on my behalf:

1. _____ contact no's _____ relationship _____

2. _____ contact no's _____ relationship _____

Little People's Place will act on your behalf in case of an emergency if no emergency contact person is available.

Signature Parent/Guardian

Date

Parent's Consent for 3rd Party to collect your Child

I _____ Id no. _____, parent of

_____, give permission to any of the following persons to collect my child from school on my behalf:

1. _____ Id no. _____, relationship _____

2. _____ Id no. _____, relationship _____

3. _____ Id no. _____, relationship _____

4. _____ Id no. _____, relationship _____

Signature Parent/Guardian

Date



Parent's Consent for your child's photos to be published on the school's

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Website/Facebook

Herewith I _____, Id no. _____,
parent/guardian of _____, give permission to Little People's
Place Montessori Centre to use my child's photos for advertisement purposes in brochures, the
website and on Facebook.

Signature Parent/Guardian

Date