



Kingdom Day care Centre Enrolment Form 2024

INFORMATION:

Full Names: _____

Physical Address: _____

Primary Hours of Care: From _____ To _____ Days of the Week in Care: **Monday to Friday**. Meals Typically Served While in Care:

Br 09:00am Mid-Morning Snack 10:30 Lunch 12:30pm Afternoon Snack 3:00pm

Family Information: Child Lives With: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Cell: _____

Cell: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: Address: Phone:

Paediatrician: Address: Phone:

Dentist: Address: Phone:

Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:



41 Buffalo Street, Belfast, 1100
P.O Box 668, Belfast, 1100



+2765 821 2050



NPO183-756



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Helpful Information About Child:

Signature of Parent/Guardian

Date:

NB: Please attach copies of parent's id
Child's Birth Certificate
Immunization card pg 4 and 5

School fees:
Registration Fee R350,00
Full Day from 7:00am to 17:00pm R750.00
Half day from 7:00 am to 14:00pm R650.00

Children still in dippers:
Full day R850.00
Half Day R700.00
Playball:

Registration fee R150
Monthly fee R150



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