



DAYCARE
Shaping the future one child at a time



REGISTRATION FORM

ACCOUNT NO:

REGISTRATION FEE: R

MONTHLY TUITION FEE: R

***Pay Method:** Debt EFT

PARENT / GUARDIAN INFORMATION

***MOTHERS DETAILS**

Name:

Surname:

Identity No:

Age:

Home Phone:

Cell No:

Email:

Marital Status:

***FATHERS DETAILS**

Name:

Surname:

Identity No:

Age:

Home Phone:

Cell No:

Email:

Marital Status:

***FAMILY ADDRESS**

Address:

Suburb:

Postal code:



2A Admirals drive Strandfontein, Cape Town, 7798
Tel: (021) 393 4424 • Email: admin@chitterchatterdaycare.co.za

Business Reg. no.: K 2015/204353/07 • VAT Reg. No. 9435003182 • Partial Care Facility Reg. No. C10480 •
Health Clearance Reg. No. 3/7/2/2/WB/166

www.chitterchatterdaycare.co.za





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CHILD INFORMATION

***1st CHILD DETAILS**

Name: Surname:

D.O.B: Age group:

Gender:

Allergies: If Yes Specify:

Chronic illness: If Other Specify:

2nd CHILD DETAILS

Name: Surname:

D.O.B: Age group:

Gender:

Allergies: If Yes Specify:

Chronic illness: If Other Specify:

AFTERCARE INFORMATION

1st CHILD DETAILS

Name: Surname:

D.O.B: Age:

Grade: School:

Dismissal time:





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2nd CHILD DETAILS

Name:

Surname:

D.O.B:

Age:

Grade:

School:

Dismissal time:

***EMERGENCY CONTACTS**

*1st Name:

Surname:

Relationship to child:

Cell No:

*2nd Name:

Surname:

Relationship to child:

Cell No:

Medical Doctors Emergency Contact

*Contact:

Address:

DROP OFF / PICK UP

*Driver Name:

Contact No:

Collection time:

Please complete all relevant information so that we may process your application swiftly. * are compulsory information.

