



CONFIDENTIAL ENROLMENT FORM

CHILD'S DETAIL

Surname	<input type="text"/>	First name	<input type="text"/>
Home language	<input type="text"/>	Date of birth	<input type="text"/>
Home address	<input type="text"/>	Postal address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Home tel	<input type="text"/>	E-mail (for accounts)	<input type="text"/>
Accept electronic documents	Y <input type="radio"/> N <input type="radio"/>		

PARENTS / GUARDIANS DETAIL

Father's name	<input type="text"/>	Marital status	<input type="text"/>
Date of birth	<input type="text"/>	Mother's name	<input type="text"/>
ID number	<input type="text"/>	Date of birth	<input type="text"/>
Occupation	<input type="text"/>	ID number	<input type="text"/>
Employer	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>	Employer	<input type="text"/>
	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Work tel	<input type="text"/>	Work tel	<input type="text"/>
Cell phone	<input type="text"/>	Cell phone	<input type="text"/>
E-mail	<input type="text"/>	E-mail	<input type="text"/>

PHONE 021 712 5003
EMAIL noahsark@connectchurch.org.za
WEB www.connectchurch.org.za/noahsark



ADDRESS
136 Ladies Mile Rd, Meadowridge, 7806

MEDICAL DETAILS

List medical conditions, illnesses, allergies, etc.

Name of Medical Aid Medical Aid Number

General Practitioner

Name

Address

Telephone

Paediatrician

Name

Address

Telephone

ALTERNATIVE EMERGENCY CONTACT (OTHER THAN PARENTS / GUARDIANS)

Name Relationship

Work tel Cell phone

OTHER

Please list names and ages of siblings

Signature _____ Date