

Enrolment Registration Form

For office use only:

Date of Enrolment: _____

Date of Resignation: _____

Personal Information

Full Name of Child: _____ Gender: _____

Name Child Responds To: _____ Date of Birth: _____

Address: _____

_____

Phone Number: _____

Mother's Name: _____ Place of Employment: _____

Home Phone: _____ Work Number: _____

Cell Number: _____

Address (if different from child's): _____

Father's Name: _____ Place of Employment: _____

Home Phone: _____ Work Number: _____

Cell Number: _____

Address (if different from child's): _____

Persons Authorized to Pick up Child (other than parents listed above)

1) Name: _____ Relationship: _____

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Midrand
info@mercylandnurseryschool.co.za
Call: 071 316 5971



Registration Form

Home Number:_____Work/Cell Number: _____

2) Name:_____Relationship:_____

Home Number:_____ Work/Cell Number: _____

3) Name:_____Relationship:_____

Home Number:_____ Work/Cell Number: _____

Emergency Contact (other than parents listed above)

1) Name:_____Relationship:_____

Home Number:_____ Work/Cell Number: _____

Persons NOT Authorized to Pick Up Your Child

1) Name:_____Relationship:_____

Home Number:_____ Work/Cell Number: _____

2) Name:_____Relationship:_____

Home Number:_____ Work/Cell Number: _____

***Please note:** If there is a Custody Agreement, please give details below. A copy of the custody order must be left with the centre's manager.

_____

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Emergency Health Information

Doctor's Name/Clinic: _____Phone Number: _____

Address:_____

Child's Care Card Number: _____

Dentist's Name/Clinic: _____Phone Number: _____

Consent for Emergency Care

I_____authorize the staff of Mercy land Nursery School to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent:_____Date: _____

Health Information (Please attach a separate sheet if necessary)

1) Regular medication (s) and reasons for (please list): _____

_____

2) Allergies/Reactions and treatment (please list): _____

3) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc) (please list and describe):

_____

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4) Any concerns regarding your child's development (behaviour, speech, language, mobility, etc) (please list and describe):

5) Please list any specific care instructions regarding #1-4: _____

6) Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc) : _____

Group Experiences

1) Has your child had previous nursery experiences? If yes, how did he/she adapt?

2) What is/are your child's favourite activities? _____

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3) How does your child behave around other children (seeks others out, feels shy, etc)?

Emotional

1) How does your child react when left with unfamiliar people and/or in unfamiliar situations? _____

2) What suggestions do you have that would help staff ease your child's transition into the program? _____

Family Information

1) Please list the name(s) of the significant people in your child's life (siblings, grandparents, etc): _____

2) Primary language spoken at home:

3) Other languages spoken at home:

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_____

_____

_____

_____

Signature of Parent Providing Information

_____ _____

Parent Signature Date

Please Note: Mercy land Nursery School may review this information as per legislation.

_____ _____

Mercy Land Nursery School Employee Signature Date

Supporting documents needed

1. Parent/s/Guardian ID Copy
2. Proof of Income or Letter confirming Employment
3. Child Vaccination Card
4. Proof of Address

NB: Please be advised that this is the 12-month contract, a month notice is required be if the parent so wish to withdrew the child for whatsoever region.

Fees structure for 2027.

1. Full day R2700 excluding transport

2. Half day R2450 excluding transport

3. Daily rate R250 excluding transport

4. Registration is R700 once off and is non refundable

5. Stationery is R900 once off, and Toiletries R200 per term

_____



Photo Documentation Consent

Documenting the Centre's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom only.

I,_____understand that photos may be taken of my child as they take part in the daily activities at the nursery. I give the staff of Mercy land Nursery School permission to take photos and display in the classroom.

_____ _____

Parent Signature Date

Facebook Photo Documentation Consent

Mercy land Nursery School has its own Facebook page. This page is a place to communicate, see updates on the nursery, view pictures of your child's day, and for people to see firsthand what Mercy land Nursery School is all about. To post any photos, Mercy land Nursery School needs your written consent to do so. Please fill out the appropriate section below.

I,_____give Mercy land Nursery School permission to post photos of my child,_____, on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

_____ _____

Parent Signature Date

OR

I,_____do not give Mercy land Nursery School permission to post photos ofmy child,_____, on their Facebook page.

_____ _____

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