



EXCELLENT KIDDICARE CENTRE
CELL: 072 248 0324/ 066 268 3798

88 MIMOSA STREET
PROCLAMATION HILL
PRETORIA WEST, 0183

Email address : Excellentkiddicare1@icloud.com

REGISTRATION FORM

Details of the Child

First Names		Known as	
Surname		Home Language	
Gender		Age	
Date of Birth		Starting date	

Previous Pre-School \ Nursery School Attended

Name of School	
Suburb / Town	
Province	

Medical Information

Medical Aid Scheme		Membership no	
Doctor's name		Doctor's Tel	
Allergies or Chronic Illness			

Person Responsible for account : **Mother / Father**

Person Responsible for collecting the child : **Mother / Father / Guardian Specify:**

PARENTS INFORMATION

Information	Father	Mother
Full names		
Surname		
Id number		
Physical address		
Occupation		
Employer Name & Address		
Cell Number		
Work telephone number		
Email		
Please sign the attached consent and indemnity form		

EMERGENCY AND NEXT OF KIN INFORMATION

Information	Guardian	Next of kin
Full names		
Surname		
Address		
Relationship to the child		
Cell Number		
Email:		

ADMISSION FEE FOR 2025

Registration fee: **R300**

School fee non-refundable: **R 1750 Monthly**

In-house compulsory school uniform available at the C

entre

Cancellation Notice: **1 Month Notice (November Notice not accepted)**

CONSENT AND INDEMNITY FORM

I/We, the undersigned, agree to abide by the **Excellent Kiddicare Centre** rules.

I/We agree to pay an **R300.00 NON-REFUNDABLE** registration fee per child within two days of beginning at Excellent Kiddicare Centre. **School fees are non-refundable and must be paid in full from January to December.**

Signature

Date

Should immediate Medical Treatment be required for my child, I accept that all precautions and measures will be taken for the safety and well-being of my child. The school will not be held responsible for the **Medical Bills if the child does not have the Medical Aid.**

Signature

Date

I/We grant permission for my/our child/children to participate in all outside activities as well as other activities organized by the Excellent Kiddicare Centre and Aftercare.

Signature

Date

I/We hereby acknowledge that I/We have read and understood the application and enrolment conditions and obligations.

Signature

Date

FOR OFFICE USE ONLY

Enrolment Form full completed	
Copy of Child's Birth certificate /Clinic card attached	

Proof of Residential Address, Copy of parents I'D documents	
Consent and Indemnity form signed	
Registration fee paid	
Unique Family Reference Number issued	

Checked by:

Signature:

Date:

School Stamp



Excellent
Kiddicare Centre