

J M HIGGS Enterprises Cc

BAMBI DAY CARE & PRE PRIMARY CENTRE



CK96/63543/23

**169/171 MURRAY STREET
C/O MURRAY & SMARTT STREETS
GOODWOOD 7460
TEL: 021- 5917871**

**Post net Suite 267
Private Bag x10
N1 City
Fax: 021-5917833**

**info@bambidaycare.co.za Web: www.bambidaycare.co.za CELL:
082 8818137 / 082 6218810**

Application Form

Start Date:.....Full Day/Half Day.....Admin No.....

Child

Surname.....First Names.....

Nickname.....

Date of Birth..... (DDMMYY) Sex.....

Mother

Surname.....First Names.....

ID.....E-Mail.....

Home Address.....

Postal Address.....

Marital Status: s.....M.....D.....Married in COP.....Anc.....

Telephone (H)..... (W)..... (Cell).....

Employer.....

Address.....

Telephone.....

Hours of Work.....

Father

Surname.....First Names.....

ID No.....E-Mail.....

Home Address.....

Postal Address.....

Marital Status: S.....M.....D.....Married Cop.....Anc.....

Telephone: (H)..... (W).....

Employer.....

Address.....

Telephone No.....

Hours of Work.....

In Case of an Emergency Please Supply Contactable Names and Telephone Numbers Other Than the Parent.

Name.....Relationship.....

Address.....

Telephone No (H)..... (W).....

Family Doctor..... (Tel).....

Family Dentist..... (Tel).....

Family Religion.....Child is (1.2.3) In Family.....

Allergies.....

Illnesses.....

Hospital History.....

Any Other Problems.....

Who will bring the Children.....

Who will Fetch the Children.....

Indemnity

We.....Mother.....Father

The undersigned have read the rules and regulations and understand them. Furthermore I grant permission for the administration by the staff of Bambi Day care centre to act "IN LOCO PARENTIS" for my child also grant

Permission for the administration of emergency medical treatment that may Be considered necessary for my child in my absence.

I indemnify the staff at Bambi Day Care centre against any claims which May arise from any injury or damage to person and property howsoever Caused. I also understand that they will act responsibly to protect my child.

I grant permission for the administration of JM Higgs Enterprises cc t/a Bambi Day care centre to conduct credit checks on both Parents of our Child

Furthermore, I understand and agree that all Fees are payable in advance And are due on the first working day of each month. I also agree that I am responsible for the account. And to give one calendar months notice in Writing. Failure to adhere to the above could result in legal action being instituted

Signed at.....on this.....Day of.....20.....

Name of Parent.....

Name of Child

Address.....

Signature of Parent/Guardian and responsible for the Fees and account.

Mother.....Father.....Witness 1.....