V4: CHILD ADMISSION FORM

ECD PROGRAMME NAME: .....

CHILD'S INFORMATION												
FIRST NAME *(Full surname as per ID)*												
SURNAME *(Full surname as per ID)*												
CHILD'S IDENTITY NUMBER												
DATE OF BIRTH	YYYY	MM	DD	**SEX**	Boy		Girl		**PRIMARY LANGUAGE**			
CHILD'S RACE	Black/African		White		Indian/Asian		Coloured		Other			

PARENT/CAREGIVER INFORMATION				
FULL NAME OF PARENT/CAREGIVER 1			Relationship to child	
PARENT/CAREGIVER 1 IDENTITY NUMBER				
PARENT/CAREGIVER PHONE NUMBER			Place of work	
PHYSICAL ADDRESS	Street number		Street Name	
	Town/City		Postal code	
FULL NAME OF PARENT/CAREGIVER 2			Relationship with child	
PARENT/CAREGIVER 2 IDENTITY NUMBER				
PARENT/CAREGIVER 2 PHONE NUMBER			Place of work	
PHYSICAL ADDRESS	Street number		Street Name	
	Town/City		Postal code	

INCOME SOURCE								
DOES THE FAMILY GET ANY OF THESE?	Pension		Disability grant		Foster Care Grant		Child Support Grant	
Name of person to contact in an emergency								
Emergency contact number								

HEALTH INFORMATION OF THE CHILD										
If the child has any allergies or disabilities, please describe them										
Does the child have any health conditions that we should be aware of?										
Days the child will attend	Mon		Tues		Wed		Thurs		Fri	
Times my child will attend	From				To					

THE COMPLETED FORM MUST BE RETURNED WITH: *(please tick the box)*

Copy of the child's clinic/health card	
Copy of the child's birth certificate	
Parent/Caregiver copy of ID	
Copy of child support grant	

	I give permission for the personal information provided to be stored and used for the purpose of running and proper management of the ECD programme. I understand that my information will be shared with the government from time to time, as required by law. I also agree to the storage of personal information for up to three years after my child has left the programme, with the safe destruction of the information shortly thereafter. By signing this form, I am giving consent to collect, store, share, and eventually destroy my and my child's personal information.
	I agree to let my child be in photos or videos to be displayed in the school, share via WhatsApp groups with the parents/caregivers or tell others about the programme. The pictures and videos will not have my child's name. Pictures and videos will not be used to make money or share with anyone else and will become the property of the programme.
	I agree to pay the school fees every month and follow the rules and regulations of the ECD Programme
SIGNED:	**DATE:**