



# SHUTTLE KIDZ

www.shuttlekidz.co.za

## DISCOVERY DAYCARE

1 Monte Vista Boulevard  
Monte Vista, 7460  
021 558 6150

## APOLLO AFTERCARE

14 Pringle Way  
Edgemean, 7441  
021 558 6152

## ENDEAVOUR EDUCARE

Park Lane  
Century City, 7441  
021 555 0037

## ENDEAVOUR TOO!

Century Way  
Century City, 7441  
021 555 0037

## APPLICATION FOR ADMISSION

(Waiting list only)

Which branch of Shuttle Kidz?

APOLLO  
AFTERCARE

DISCOVERY  
DAYCARE

ENDEAVOUR  
EDUCARE

ENDEAVOUR  
TOO

Month and year required for admission: \_\_\_\_\_

Half day (07:00 - 13:00)

Full day (07:00 - 17:30)

## CHILD'S PERSONAL DETAILS

Surname: \_\_\_\_\_

Full Name (as on birth certificate): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Language: \_\_\_\_\_

Other language: \_\_\_\_\_

Number of children in family: \_\_\_\_\_

Position of child in family (1<sup>st</sup>/2<sup>nd</sup>): \_\_\_\_\_

Nationality: \_\_\_\_\_

Dietary details \_\_\_\_\_

**PREVIOUS DAY MOTHER/NURSERY SCHOOL**

Current: \_\_\_\_\_

Previous: \_\_\_\_\_

Tel no: \_\_\_\_\_

Tel no: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact person: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**CHILD'S MEDICAL DETAILS**

Blood Type:

O+	O-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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Family Doctor

Name: \_\_\_\_\_

Tel no: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Aid

Name: \_\_\_\_\_

Tel no: \_\_\_\_\_

Main member: \_\_\_\_\_

ID nr: \_\_\_\_\_

Options: \_\_\_\_\_

Has your child received all the necessary immunisations? If no please state reason

YES	NO
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Has your child suffered from any of the following illnesses? Please indicate with an X.


ASTHMA

CHICKEN POX

DIABETES

DIPHThERIA


ENTERIC FEVER

GERMAN MEASELS

HEPATITIS

MALARIA


MEASLES

MUMPS

POLIO

RHEUMATIC FEVER


SCARLET FEVER

TICKBITE FEVER

TYPHOID FEVER

WHOOPING COUGH

Does your child suffer from any allergies? \_\_\_\_\_

If yes, please give details \_\_\_\_\_

Please specify any other relevant medical details

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FATHER/STEPFATHER/LEGAL GUARDIAN DETAILS

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Designation 

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
----	-----	----	------	----	-----	------	-------

Identity number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address:

Work Address:

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel H: \_\_\_\_\_

Tel W: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address (please write legibly): \_\_\_\_\_

MOTHER/STEPMOTHER/LEGAL GUARDIAN DETAILS

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Designation 

MR	MRS	MS	MISS	DR	REV	PROF	OTHER
----	-----	----	------	----	-----	------	-------

Identity number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Residential Address:

Work Address:

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel H: \_\_\_\_\_

Tel W: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail address (please write legibly): \_\_\_\_\_

DETAILS OF ANOTHER CONTACT IN THE CASE OF AN EMERGENCY

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship: \_\_\_\_\_

Tel H: \_\_\_\_\_

Tel W: \_\_\_\_\_

Cell: \_\_\_\_\_

I/We, the undersigned,

\_\_\_\_\_

Hereby declare that the information submitted in this application for admission is complete and accurate.

Signature of Father/Mother/Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

**Acceptance Letter**

Sent Date: \_\_\_\_\_

Response: \_\_\_\_\_

\_\_\_\_\_

Deposit Paid:

\_\_\_\_\_

**Orientation Dates:**

\_\_\_\_\_

Start Date:

\_\_\_\_\_

**Accountant**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Tags:**

\_\_\_\_\_

Enrolment Form:

\_\_\_\_\_

Information Card:

\_\_\_\_\_

**Notes:**