



SHUTTLE KIDZ

www.shuttlekidz.co.za

DISCOVERY DAYCARE

1 Monte Vista Boulevard
Monte Vista, 7460
021 558 6150

ENDEAVOUR EDUCARE

Park Lane
Century City, 7441
021 555 0037

ENDEAVOUR TOO!

Century Way
Century City, 7441
021 110 5854

APPLICATION FOR ADMISSION

(Waiting list only)

Which branch of Shuttle Kidz:

Discovery
Day Care

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 (1st/2nd): _____

Name of sibling if enrolled at Shuttle Kidz: _____

Nationality: _____

Dietary details: _____

Breast Milk

Formula

Solids

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 |
|----|----|----|----|-----|-----|----|----|---------|

Family Doctor:

Name: _____ Tel no: _____

Address: _____

Paediatrician:

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 |
|-----|----|

Has your child suffered from any of the following illnesses? Please indicate with an X:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--------|--------------------------|-------------|--------------------------|----------|--------------------------|------------|--------------------------|----------|--|--------------------------|---------------|--------------------------|----------------|--------------------------|-----------|--------------------------|---------|---|--------------------------|---------|--------------------------|-------|--------------------------|-------|--------------------------|-----------------|---|--------------------------|---------------|--------------------------|----------------|--------------------------|---------------|--------------------------|----------------|
| <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>ASTHMA</td></tr> <tr><td><input type="checkbox"/></td><td>CHICKEN POX</td></tr> <tr><td><input type="checkbox"/></td><td>DIABETES</td></tr> <tr><td><input type="checkbox"/></td><td>DIPHThERIA</td></tr> <tr><td><input type="checkbox"/></td><td>JAUNDICE</td></tr> </table> | <input type="checkbox"/> | ASTHMA | <input type="checkbox"/> | CHICKEN POX | <input type="checkbox"/> | DIABETES | <input type="checkbox"/> | DIPHThERIA | <input type="checkbox"/> | JAUNDICE | <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>ENTERIC FEVER</td></tr> <tr><td><input type="checkbox"/></td><td>GERMAN MEASELS</td></tr> <tr><td><input type="checkbox"/></td><td>HEPATITIS</td></tr> <tr><td><input type="checkbox"/></td><td>MALARIA</td></tr> </table> | <input type="checkbox"/> | ENTERIC FEVER | <input type="checkbox"/> | GERMAN MEASELS | <input type="checkbox"/> | HEPATITIS | <input type="checkbox"/> | MALARIA | <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>MEASLES</td></tr> <tr><td><input type="checkbox"/></td><td>MUMPS</td></tr> <tr><td><input type="checkbox"/></td><td>POLIO</td></tr> <tr><td><input type="checkbox"/></td><td>RHEUMATIC FEVER</td></tr> </table> | <input type="checkbox"/> | MEASLES | <input type="checkbox"/> | MUMPS | <input type="checkbox"/> | POLIO | <input type="checkbox"/> | RHEUMATIC FEVER | <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>SCARLET FEVER</td></tr> <tr><td><input type="checkbox"/></td><td>TICKBITE FEVER</td></tr> <tr><td><input type="checkbox"/></td><td>TYPHOID FEVER</td></tr> <tr><td><input type="checkbox"/></td><td>WHOOPING COUGH</td></tr> </table> | <input type="checkbox"/> | SCARLET FEVER | <input type="checkbox"/> | TICKBITE FEVER | <input type="checkbox"/> | TYPHOID FEVER | <input type="checkbox"/> | WHOOPING COUGH |
| <input type="checkbox"/> | ASTHMA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | CHICKEN POX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | DIABETES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | DIPHThERIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | JAUNDICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | ENTERIC FEVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | GERMAN MEASELS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | HEPATITIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | MALARIA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | MEASLES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | MUMPS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | POLIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | RHEUMATIC FEVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | SCARLET FEVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | TICKBITE FEVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | TYPHOID FEVER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | WHOOPING COUGH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Does your child suffer from any allergies?

If yes, please give details: _____

Please specify any other relevant medical details:

FATHER/STEPFATHER/LEGAL GUARDIAN DETAILS

Name: _____

Surname: _____

Designation:

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

Identity number: _____

Occupation: _____

Name of Employer: _____

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: _____

Name of employer: _____

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

THIS PERSON NEEDS TO KNOW THAT YOU ARE NOMINATING THEM AS AN EMERGENCY CONTACT AND THEY ALSO NEED TO BE ABLE TO CONVERSE IN ENGLISH.

Name: _____

Surname: _____

Relationship: _____

Tel H: _____

Tel W: _____

Cell: _____

- Where did you hear about us:
- a friend
 - website
 - walking past
 - other

- Documents that must be supplied with the application:
- Birth Certificate
 - Copy of full clinic card
 - Copy of both parent's ID documents

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: