



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: _____

Playgroup (09h00 – 12h00)

Half day (07h00 – 13h00)

Full day (07h00 – 17h30)

CHILD'S PERSONAL DETAILS

Surname: _____

Full Name (as on birth certificate): _____

Preferred Name: _____

Date of birth: _____

ID number: _____

Gender: _____

Home Language: _____

Other language: _____

Number of children in family: _____ Position of child in family (1st/2nd/3rd): _____

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
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Family Doctor:

Name: _____

Tel no: _____

Address: _____

Paediatrician:

Name: _____

Tel no: _____

Address: _____

Medical Aid:

Name: _____

Tel no: _____

Main member: _____

ID nr: _____

Option/Plan: _____

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:

- | | | | |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> ENTERIC FEVER | <input type="checkbox"/> MUMPS | <input type="checkbox"/> TICKBITE FEVER |
| <input type="checkbox"/> CHICKEN POX | <input type="checkbox"/> GERMAN MEASELS | <input type="checkbox"/> POLIO | <input type="checkbox"/> TYPHOID FEVER |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> HEPATITIS | <input type="checkbox"/> RHEUMATIC FEVER | <input type="checkbox"/> |
| <input type="checkbox"/> DIPHTHERIA | <input type="checkbox"/> MALARIA | <input type="checkbox"/> WHOOPING COUGH | <input type="checkbox"/> |
| <input type="checkbox"/> JAUNDICE | <input type="checkbox"/> MEASLES | <input type="checkbox"/> SCARLET FEVER | <input type="checkbox"/> |

Does your child suffer from any allergies?

YES	NO
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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

If other, please stipulate: _____

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

DATA PROTECTION & PROCESSING

The Group collects, stores, and processes Personal Information provided by you, which includes but is not limited to: names, identity numbers, contact information and banking details. The Group uses the aforementioned information solely within the scope for which the information was collected and for the legitimate purpose of offering its business-related services and/or is necessary for the purposes relating to the operation and performance of this Agreement.

The Service Provider may make use of or process your child/children's Personal Information for, inter alia the following purposes:

- Providing the Services in terms of this Agreement; and
- In responding to public authorities, court orders and/or legal investigations, as applicable.

The Group may share some of the personal information with its employees, directors, agents and third parties, including the Regulator, as required by law, to whom the sharing and/or disclosure of such Personal Information is reasonably necessary for the performance of the obligations and rendering the Services in terms of this Agreement.

The Group will keep Personal Information for as long as necessary to fulfil its obligations in accordance with this Agreement or as necessary to comply with any legal or regulatory requirements.

You have the right to:

- Request access to and rectification or destruction of any personal information held by the Group;
- Request any restriction of the personal information;
- object to the processing or further processing of its personal information;
- receive the personal information provided to the Group and transmit such data to another party; and/or
- to lodge a complaint with the Regulator or directly to the Group.

The Parties to this Agreement explicitly agree to adhere to all laws and regulations relating to privacy when administering, using and/or maintaining any personal information.

You shall provide personal information to the Group, which use is for the sole purpose of this Agreement and in order to render the Services. Furthermore, any personal information may not be recycled and/or reconstructed by the Group unless required by law and/or with the prior written consent of the necessary party(ies).

CONSENT NOTICE ITO POPIA

I, father/mother/guardian of the child, hereby agree and consent as follows:

- To our child/our children's personal information being shared with a Shuttle Kidz service provider or third party solely for the legitimate purpose of providing the contracted services and solely within the scope for which the personal information was received. I/We do not agree to any misuse, abuse and/or unlawful processing of our child/our children's personal information.
- That all personal information pertaining to our child/our children has been provided voluntarily and with our express consent. Furthermore, we consent to the group collecting, storing and processing our child's/our children's personal information strictly within the scope for which it is intended, and within the ambit of the requested or mandated services being rendered by the group.

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: