



Early Childhood Development Centre  
(Registered)

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# Rainbow Kids

## ENROLMENT FORM

### Personal details of child

Full name and surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Birth place: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home language: \_\_\_\_\_ Religion: \_\_\_\_\_

Residential address: \_\_\_\_\_

\_\_\_\_\_

Postal address: \_\_\_\_\_

With whom does the child reside? \_\_\_\_\_

### Personal details of parents / guardians

Full name and surname of mother: \_\_\_\_\_

Id number: \_\_\_\_\_

Name of employer: \_\_\_\_\_

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

Work no: \_\_\_\_\_ Home no: \_\_\_\_\_

Cell no: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Full name and surname of father: \_\_\_\_\_

Id number: \_\_\_\_\_

Name of employer: \_\_\_\_\_

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

Work no: \_\_\_\_\_ Home no: \_\_\_\_\_

Cell no: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

**Medical details**

Doctor's name: \_\_\_\_\_ Tel no: \_\_\_\_\_

Medical aid name: \_\_\_\_\_ Medical aid no: \_\_\_\_\_

Name of principal member: \_\_\_\_\_

**Background information**

Name of previous school: \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

Custody – visiting arrangements: \_\_\_\_\_

If the child is adopted, list age of adoption: \_\_\_\_\_

Is the child aware of the adoption? \_\_\_\_\_

List siblings and their ages: \_\_\_\_\_

\_\_\_\_\_

Are there other members of the household? If so, list name, age and relationship:

\_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

What time does your child wake –up in morning? \_\_\_\_\_

Who bring your child to school? \_\_\_\_\_

Who is allowed to fetch your child from school? \_\_\_\_\_

Does your child have any special fears? If so, please explain:

\_\_\_\_\_

Does your child have any problems with vision and hearing? If so, please explain:

\_\_\_\_\_

Does your child have any health problems we should be aware of?

\_\_\_\_\_

Are there any foods or drinks that your child should not consume?

\_\_\_\_\_

Do you have any concern about any aspect of your child's development?

\_\_\_\_\_

Do you feel your child's speech is clear?

\_\_\_\_\_

Does your child have (please answer frequently / seldom / never):

Frequent Colds: \_\_\_\_\_ Sore throat: \_\_\_\_\_  
Ear aches: \_\_\_\_\_ Fevers: \_\_\_\_\_

Has your child had any serious accidents or operations?

\_\_\_\_\_

Does your child have any allergies?

\_\_\_\_\_

Does your child take any medication regularly? If yes, what, when and why?

\_\_\_\_\_

\_\_\_\_\_

Are there any special medical, physical or emotional needs that the staff should be aware off?

\_\_\_\_\_

\_\_\_\_\_

How much television does your child generally watch every day?

\_\_\_\_\_

What activity does your child enjoy doing most?

\_\_\_\_\_

Does your child accept correction easily?

\_\_\_\_\_

What is / are the method(s) of behaviour control / management used in your home?

\_\_\_\_\_

\_\_\_\_\_

Please circle applicable items below that best describes your child:

Happy

Friendly

Dependent

Stubborn

Good natured

Even-tempered

Aggressive

Shy

Sleepy

Impulsive

Attentive

Moody

Clumsy

Fearful

Quiet

Sympathetic

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

Has your child been cared for by someone else besides the family? If so, please stipulate:

\_\_\_\_\_

What do you hope will be included in your child's pre-school / educational programme?

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

What do you want your child to learn?

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

What do you like / impressed you about Rainbow kids?

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

How did you find out about Rainbow kids?

\_\_\_\_\_

Do you live in a:

House / Townhouse / Flat / Other (please specify): \_\_\_\_\_

**Emergency information**

Other than yourselves, name two individuals who can be contacted in case of an emergency:

Full name and surname: \_\_\_\_\_

Work no: \_\_\_\_\_ Home no: \_\_\_\_\_

Cell no: \_\_\_\_\_ E-mail: \_\_\_\_\_

Full name and surname: \_\_\_\_\_

Work no: \_\_\_\_\_ Home no: \_\_\_\_\_

Cell no: \_\_\_\_\_ E-mail: \_\_\_\_\_