
# Registration Form



#### For office use only:

Date of Enrolment: Date of Resignation:

#### Personal Information

Full Name of Child:

Gender:

Name Child Responds To: Date of Birth: Address:

Phone Number:

Mother’s Name: Place of Employment: Home Phone: Work Number: Cell Number:

Address (if different from child’s):

Father’s Name: Place of Employment:

Home Phone: Work Number: Cell Number:

Address (if different from child’s):

#### Persons Authorized to Pick up Child (other than parents listed above)

1. Name:

Relationship:

**1**



### 5 Verdi Place

### Vorna Valley

### Midrand

### Cell: Rachel 073 227 9567

###  Or 071 316 5971

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Home Number: Work/Cell Number:

1. Name: Relationship: Home Number: \_ Work/Cell Number:
2. Name: Relationship: Home Number: \_ Work/Cell Number:

#### Emergency Contact (other than parents listed above)

1. Name: Relationship: Home Number: \_ Work/Cell Number:
2. Name: Relationship: Home Number: \_ Work/Cell Number:
3. Name: Relationship: Home Number: \_ Work/Cell Number:

#### Persons NOT Authorized to Pick Up Your Child

1. Name: Relationship: Home Number: \_ Work/Cell Number:
2. Name: Relationship: Home Number: \_ Work/Cell Number:

**\*Please note:** If there is a Custody Agreement, please give details below. A copy of the custody order must be left with the centre’s manager.

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#### Emergency Health Information

Doctor’s Name/Clinic: Phone Number: Address: Child’s Care Card Number: Dentist’s Name/Clinic: Phone Number:

#### Consent for Emergency Care

I authorize the staff of Mercy land Nursery School to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: Date:

#### Health Information (Please attach a separate sheet if necessary)

1. Regular medication (s) and reasons for (please list):
2. Allergies/Reactions and treatment (please list):
3. Any concerns/issues regarding your child’s health (seizures, asthma, vision, hearing, etc) (please list and describe):

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1. Any concerns regarding your child’s development (behaviour, speech, language, mobility, etc) (please list and describe):
2. Please list any specific care instructions regarding #1-4:
3. Other health care professionals involved in your child’s life (Occupational Therapist/Physical Treatment, etc) :

#### Group Experiences

1. Has your child had previous nursery experiences? If yes, how did he/she adapt?
2. What is/are your child’s favourite toys/activities?

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1. How does your child behave around other children (seeks others out, feels shy, etc)?

#### Emotional

1. How does your child react when left with unfamiliar people and/or in unfamiliar situations?
2. What suggestions do you have that would help staff ease your child’s transition into the program?

#### Family Information

1. Please list the name(s) of the significant people in your child’s life (siblings, grandparents, etc):
2. Primary language spoken at home:
3. Other languages spoken at home:

## 5



#### Any Other Comments



**Signature of Parent Providing Information**

Parent Signature Date

**Please Note:** Mercy land Nursery School may review this information as per legislation.

Mercy Land Nursery School Employee Signature Date

Supporting Documents Needed

1. Copy of the Parent/s Id
2. Proof of Residence
3. Child Immunization Card
4. Proof of Income or letter stating the Parent/Guardian is working

#### Photo Documentation

#### Consent

Documenting the Centre’s activities is a part of our program. From time to time your child’s picture may be taken. Pictures taken will be used as displays in the classroom only.

I, understand that photos may be taken of my child as they take part in the daily activities at the nursery. I give the staff of Mercy land Nursery School permission to take photos and display in the classroom.

Parent Signature Date

#### Facebook Photo Documentation Consent

Mercy land Nursery School has its own Facebook page. This page is a place to communicate, see updates on the nursery, view pictures of your child’s day, and for people to see firsthand what Mercy land Nursery School is all about. To post any photos, Mercy land Nursery School needs your written consent to do so. Please fill out the appropriate section below.

I, give Mercy land Nursery School permission to post photos of my child, , on their Facebook page. I understand that these photos can be viewed by anyone who uses Facebook.

Parent Signature Date

#### OR

I, do not give Mercy land Nursery School permission to post photos of my child, , on their Facebook page.

Parent Signature Date

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