



## After Care Enrolment 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  
info@mercylandnurseryschool.co.za  
Call: 071 316 5971



## Registration Form

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_

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

1) 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.



## Registration Form

### Emergency Health Information

Doctor's Name/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's CareCard 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):

\_\_\_\_\_



## Registration Form

---

4) Any concerns regarding your child's development (behaviour, speech, language, mobility, etc) (please list and describe):

---

---

5) Please list any specific care instructions regarding #1-4: \_\_\_\_\_

---

---

6) 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 activities? \_\_\_\_\_

---



## Registration Form

3) 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**

---

5 Verdi Place, Vorna Valley,  
Midrand  
info@mercylandnurseryschool.co.za  
Call: 071 316 5971



---

---

---

---

### Signature of Parent Providing Information

<hr/>	<hr/>
Parent Signature	Date

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

<hr/>	<hr/>
Mercy Land Nursery School Employee Signature	Date

### Supporting documents needed

1. Parent/s/Guardian ID Copy
2. Proof of Income or Letter confirming Employment
3. Child Vaccination Card
4. Proof of Address

NB: Please be advised that this is the 12-month contract, a month notice is required be if the parent so wish to withdrew the child for whatsoever region.

#### Fees structure for 2024.

1. Full day R2500 excluding transport  
R2950 including transport.
2. Half day R2350 excluding transport  
R2800 including transport
3. Daily rate R250 excluding transport
4. Registration is R600 once off and is non refundable
5. Stationery is R600 once off and Toiletries R150 per term.



## 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