



HeadStartMontessori
Pre-Primary

ENROLEMENT FORM

2015

Half day Full day

General information

Full name of child
Date of birth
Current School
Home Language
Enrolment year
Position in family

Gender

Mother's Details

Father's Details

Name
Surname
ID number
Physical
Address

Postal
Address

Tel work
Tel home
Mobile no
Email
address
Occupation
Employer
Marital
Status
Religion

Medical details

Name of doctor
Contact details
Allergies
Medical aid
Main member
Medical aid no



Please initial to confirm having read information contained on this page.

Additional information

Special requests or information

Briefly describe your child and his/her personality.

Does your child have any phobias?

Has your child experienced any traumas?

Do both parents live in the same house?

Any chronic medication?

Briefly describe why you want your child to attend HeadStart Montessori.

Any other important information

