



+27 (0)82 494 3593



www.kidnme.co.za



info@kidnme.co.za

ADMISSION FORM

PERSONAL DETAILS

Date of application: _____ Date of admission: _____

Child's full name and surname: _____

Nickname: _____ Date of birth: _____

Age at admission: _____

(Please provide a copy of the birth Certificate)

Parents' names: _____

Postal address: _____ Physical address: _____

E-mail: _____

Medical aid: _____ No.: _____

Main member: _____

(Please provide a copy of the medical aid card if applicable)

Parents' marital status: Single Married Divorced Widow/Widower

MOTHER	FATHER
Occupation:	Occupation:
Cell:	Cell:
Tel Home:	Tel Home:
Tel Work:	Tel Work:
Emergency Tel No:	

(Please provide a copy of the Identity Document for Both Parents)



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Number of children in the family: (Boy / girl, age) _____

Alternative Contact Person:

Name: _____

Relationship to parent: _____

Tel: _____

Home language:

AFRIKAANS	ENGLISH	SOTHO	ZULU	OTHER:
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BACKGROUND INFORMATION

Child's medical diagnoses (If applicable): _____

Allergies (If applicable): _____

Current medication (If applicable): _____

Prostheses: Hearing aid: _____ Glasses: _____ Other: _____

Family practitioner: _____ Tel: _____

Pediatrician: _____ Tel: _____

List any serious illnesses and operations:

Date: _____ Illness / operation: _____



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MEDICAL AND DEVELOPMENTAL HISTORY:

Duration of pregnancy: _____ weeks

Birth weight: _____ kg

Neonatal intensive care unit: Y / N If Yes, length of stay: _____

Phototherapy: Y / N

Incubator: Y / N

Any feeding difficulties (e.g., poor suck, reflux, nasogastric tube feeding): _____

Does your child make use of a pacifier? Y / N

Does your child suck his/her thumb? Y / N

List any problems during pregnancy (including any medication received), birth or first months of life:

Developmental Milestones (if age applicable):

Smiling: _____

Rolling: _____

Sitting: _____

Creeping/Crawling: _____

Walking: _____

Running: _____

Does or did your child like to lie on his/her abdomen/tummy? Y / N

Does or did your child display any of the following?

Temper Outbursts: _____



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FEEDING AND SLEEPING ROUTINE:

Is or has your child breast or formula fed, or a combination? _____

Is your child on any solid food? _____

If yes, when did your child start solids? _____

Is your child a fussy eater? If yes, please specify: _____

Is your child able to feed him or herself? Y / N, please specify: _____

Which utensils does your child eat with e.g. finger feeding, spoon, and fork etc.: _____

Describe your child's sleeping routine i.e. does he/she awaken frequently, struggle to fall asleep, sleep right through the night, naps during the day and duration of nap time etc.

Is there any other information that you want to share with us, to help us care better for your child?

IMMUNISATION CARD:

All children must be fully immunized according to the routine clinic schedule in order to protect your child, the other children and staff.

(Please provide a copy of the Immunization Card)



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TOILET TRAINING:

Is your child fully toilet trained?

Y / N

If not, is your child in the process of being toilet trained?

Y / N

If yes, do you have specific requirements that you want the day care to follow to assist with the toilet training?

Is your child using nappies? If yes, do you have specific requirements that you want the day care to follow relating to changing nappies?

DAY CARE INFORMATION FORM

Initial registration: R1 000.00

Re-registration: R500

☐
☐

Non-refundable deposit (Applied as last month's fees):

Half day – R 3 800.00

Full day – R 4 300.00

My child will attend the day care:

Half day – R 3 800.00 per month (7am to 12pm)

Y / N

Full day – R 4 300.00 per month (7am to 17h00)

Y / N

Penalty Fee will be levied for any late collections. Please refer to the parent handbook.



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Please provide any additional information if required:

Please notify the staff in writing if a direct family member will be collecting your child.

Kid n Me reserves its right not to allow any child to leave its premises with an unidentifiable individual(s) without direct confirmation, permission, and/or authorisation from any and/or both parents.

Is there any additional information of importance about your child that the day care needs to know?

I/we _____, as parents/guardian of
_____, hereby confirm that all the information.
provided is correct.

Parent Signature

Date