



APPLICATION FOR ENROLMENT

On acceptance and prior to my child's entrance to Cotswold Educare & Pre-Primary, I shall pay a non-refundable deposit of R400.00. This will also serve as my child's annual stationery fee.

NAME & SURNAME OF CHILD: **Sex:**

Date of Birth: DD..... MM..... YYYY.....

Date of Registration:

Mother's Name & Title:

Address:

Occupation:

Business Name:

Business Telephone: Cell Phone: Home:

E-mail Address:

Father's Name and Title:

Address: (If different from mother's)

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Occupation:

Business Name:

Business Telephone: Cell Phone: Home:

Email:

Parent's Marital Status:

Who will bring/fetch your child?

Signature of
Mother/Guardian:

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Signature of
Father/Guardian:

.....

Date:

Date:

PUPIL'S INFORMATION & BACKGROUND

Other members of the household:

With whom is the child living?

Previous school:

Copies of educational, psychological or medical assessments: **YES or NO?**

NAME OF EMERGENCY CONTACT

Name:

Relation to child: Contact phone number:

EMOTIONAL DEVELOPMENT

Any previous concerns?

Does your child separate easily?

Were milestones normal? If no, please specify

HEALTH

Name of family doctor: Phone:

General Health:

Allergies:

Has your child had any infectious diseases?

DEVELOPMENT HISTORY

Difficulties/problems during pregnancy?

Difficulties/problems during birth?

LANGUAGE DEVELOPMENT

Has this been normal?

Are there any problems?

ROUTINES

Toilet training? Are there any problems?

Does the child go to toilet independently?

Can he/she feed themselves? What is your child's appetite like?

SLEEP

Does your child sleep well at night? What time is bed time?

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Does your child have any fears out of the ordinary?

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Any other information relevant to your child that may not have been covered in this document?

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Where did you hear/find out about our school?

☐ Word of mouth ☐ Facebook ☐ Website Other: