

# SHARP KIDS

## Registration form 2025

415 Kirkness Street  
Clydesdale  
Pretoria  
0002

**STARTING DATE:**

PLEASE INDICATE IF YOU ARE APPLYING FOR HALF DAY OR FULL DAY CARE:

Circle: **FULL DAY / HALF DAY**

**THIS FORM MUST BE COMPLETED FOR EACH CHILD ATTENDING SHARP KIDS PRE-SCHOOL.**

### **PARTICULARS OF CHILD (Please Print)**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Gender: MALE / FEMALE

ID/Passport No: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth (DD/MM/YY): \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Language: \_\_\_\_\_ Other languages: \_\_\_\_\_

Position in the family: \_\_\_\_\_ (eldest / youngest etc.)

Name of previous school: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Any chronic illnesses: \_\_\_\_\_ Medication: \_\_\_\_\_

Special dietary requirements: \_\_\_\_\_

Developmental concerns: \_\_\_\_\_

### **MEDICAL AID**

NAME OF FUND: \_\_\_\_\_ PLAN: \_\_\_\_\_ NR \_\_\_\_\_

MAIN MEMBER: \_\_\_\_\_ ID: \_\_\_\_\_

### **INFORMATION: PARENTS**

1<sup>st</sup> Parent:

Title: \_\_\_\_\_ ID /Passport: \_\_\_\_\_

Surname: \_\_\_\_\_ Names: \_\_\_\_\_

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

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel no: Cell: \_\_\_\_\_ Work or alternative no: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

**INFORMATION: PARENTS**2<sup>nd</sup> Parent:

Title: \_\_\_\_\_ ID /Passport: \_\_\_\_\_

Surname: \_\_\_\_\_ Names: \_\_\_\_\_

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

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel no: Cell: \_\_\_\_\_ Work or alternative no: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

*BOTH PARENTS ARE LIABLE FOR SCHOOL FEES. PLEASE INDICATE TO WHOM THE ACCOUNT MUST BE ADDRESSED AND SENT: TITLE: \_\_\_\_\_*

NAME &amp; SURNAME: \_\_\_\_\_ CONTACT NR: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (when parents cannot be contacted):**

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Tel no: Cell: \_\_\_\_\_ Work or alternative no: \_\_\_\_\_

PLEASE NOTE THAT YOU WILL BE REQUESTED TO COMPLETE A COMPREHENSIVE INFORMATION SHEET ONCE YOUR CHILD/CHILDREN'S REGISTRATION HAVE BEEN PROCESSED AND APPROVED.

**YOUR REGISTRATION WILL ONLY BE PROCESSED ONCE THE NON-REFUNDABLE REGISTRATION FEE OF R950 HAS BEEN PAID.**

**BANKING DETAILS:**

NAME OF ACCOUNT HOLDER: THE SHARP BRAIN HUB (PTY) Ltd

BANK: RMB/FNB BRANCH CODE: 222026

BANK ACCOUNT NUMBER: 62837222918

Thank you!