Boulevard Play & Baby Centre Application Form

32 Monte Vista Boulevard, MONTE VISTA, 7460
tel/fax 021 558 4400

APPLICATION DATE					
ADMISSION DATE					
ENTRANCE CODE					
ATTENDANCE	18h00			14h00	

CHILD

SURNAME			
CHILD'S NAME/S			
D.O.B. (yy mm dd)		SEX	
HOME LANGUAGE			
HOME ADDRESS			

(NB - please notify us immediately of any changes in contact details)

PARENTS

MARITAL STATUS	MARRIED			SINGLE	
	DIVORCED			WIDOWED	
ARE YOU THE BIOLOGICAL PARENTS OF THE CHILD ?				*yes*	*no*
IF APPLICABLE, WHICH PARENT HAS LEGAL CUSTODY?					

FATHER: NAME	
ID NUMBER	
TEL: HOME	
TEL: WORK	
CELL	
OCCUPATION	
COMPANY/EMPLOYER	

MOTHER: NAME	
ID NUMBER	
TEL: HOME	
TEL: WORK	
CELL	
OCCUPATION	
COMPANY/EMPLOYER	

WHO WILL BRING YOUR CHILD TO BPBC ?			
WHO WILL FETCH YOUR CHILD FROM BPBC ?			
THE FOLLOWING PERSON HAS PERMISSION TO FETCH OUR CHILD FROM BPBC:			
NAME		RELATIONSHIP	
TEL NO		CELL NO	

EMERGENCY CONTACTS

NAME (other than parent)	
RELATIONSHIP	
TEL NO (W)	
TEL NO (H)	
CELL NO	

MEDICAL CONTACTS

DOCTOR		TEL NO	
MEDICAL AID		NO	

MEDICAL INFORMATION

ILLNESSES THE CHILD HAS OR HAS HAD (✓ where applicable)

AIDS		Measles		Operations child may have had:	
Chicken Pox		Mumps		Date	
Chorea		Rheumatic Fever		Reason	
Convulsions		German Measles		Date	
Diphteria		Scarlet Fever		Reason	
Epilepsy		Tuberculosis		Date	
Hepatitus B		Typhoid		Reason	
HIV		Whooping cough		Date	
Malaria		Other		Reason	

GENERAL INFORMATION (please specify where applicable)

Is the child on medication ?	
Has the child any allergies ?	
Any problems at birth ?	
Any pre-natal problems ?	
At what time does the child go to bed?	
Is the child naturally left / right handed?	
Any problems with:	
hearing	
sight	
speech	
sleeping	
appetite	
urination	
enuresis	

ANY OTHER IMPORTANT INFORMATION MANAGEMENT SHOULD BE INFORMED ABOUT ?
ARE THERE CONFIDENTIAL PROBLEMS YOU WOULD LIKE TO DISCUSS WITH MANAGEMENT?
NAME & TEL NO OF PREVIOUS DAYMOTHER OR DAYCARE.

PERSONALITY CHARACTERISTICS (✓ and specify where applicable)

How does he/she interact with friends ?					
How does he/she interact with family members ?					
independent		dependent			
tolerant		irritable			
generous		selfish			
obedient		disobedient		stubborn	
outgoing		shy		withdrawn	
friendly		moody		aggressive	
helpful		lazy		unco-operative	
self-confident		lacks confidence		over-confident	
orders/correction		reacts well		doesn't take kindly	
loving		seeks attention		self-sufficient	

INDEMNITY FORM

I/We, the undersigned hereby grant permission for the staff of Boulevard Play & Baby Centre to act 'in loco parentis' for my/our child on the centre's premises and during educational excursions. I/we understand that they will, in all circumstances act responsibly and protect my/our child from harm, but I am/we are also aware that they may not be held responsible for accidents that may occur in the course of their duties. To that end, I/we indemnify Boulevard Play & Baby Centre or its staff against any claims that may arise from injury or damage to or loss of my/our child's person or property. In addition I/we hereby give my/our consent for the administration of emergency medical treatment that may be deemed necessary.

SURNAME & FULL NAMES (Father)

SURNAME & FULL NAMES (Mother)

CHILD'S NAME

ADDRESS

FATHER'S SIGNATURE	
MOTHER'S SIGNATURE	

SIGNED AT

ON THE DAY OF 20