



Educare and Development Centre for
Quite Interesting Kids

65 Tarentaal Road, Joostenbergvlakte | Tel: 021 987 1046 | Cell: 071 534 8289 | qikidssa@gmail.com

REGISTRATION FORM

CHILD:

Last name: _____
First name: _____ Middle name: _____
Nickname: _____
Birthdate: _____ Start date: _____

SIBLINGS:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

PARENTS OR GUARDIANS:

1) Last name: _____ First name: _____
Relationship to child: _____ ID nr: _____
Address: _____
City: _____ Postal code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ E-mail: _____
Employer: _____
2) Last name: _____ First name: _____
Relationship to child: _____ ID nr: _____
Address: _____
City: _____ Postal code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ E-mail: _____
Employer: _____

OTHER EMERGENCY CONTACT

Name: Relationship to child:
Home phone: Work phone:
Cell phone: E-mail:

AUTHORIZATION FOR PICK-UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/ emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name and phone number(s) of any other person/s who you authorize to pick-up your child on your behalf.

Name: Phone:
1)
2)
3)

A parent/guardian's verbal authorization for pick-up must be received before your child will be released to anyone not listed here. If not received and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION:

Doctor: Office phone:
Address:
City: Postal code:
Medical aid: Number:
Dependent code:
Allergies:
Medical problems:
Medication:

ADDITIONAL INFORMATION: likes/dislike/special interests etc

EMERGENCY CONSENT:

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need immediate help for the child. Our procedure is to take the child to the nearest emergency service.

QiKids Educare CC, does not take any responsibility for any injury to a registered child at QiKids Educare, while in our care. We will, however, do everything in our power to prevent any accident from taking place by having enough staff present for supervision at all times.

I hereby give my/our consent for my/our child when ill/injured, to be taken to the nearest emergency centre by the staff of my child's daycare centre, when I/we cannot be contacted. I consent to an ambulance being called to transport my/our child if necessary. I further agree to pay all costs incurred for transport.

1)Parent/guardian Signature:.....

2)Parent/guardian Signature:.....

PAYMENT INFORMATION

Current daycare amount:

Full day (7h00 - 18h00): R2285
Half day (7h00 - 15h00 including lunch): R2175
Part day (7h00 - 13h00 including lunch): R1943

Banking Details

**Quite Interesting Kids
Cheque: 4069093127
ABSA Cape Gate
Branch Code: 632005**

Registration:

Non-refundable registration fees; R1500.00 to secure placement.

Please outline below whom is responsible for payment of fees:

First name:..... Last name:.....

Address:.....

City:..... Postal code:.....

Drivers license number/ ID nr:.....

Date of birth:.....

Photographs: May we take and maintain a photo of your child for security purposes?

Yes: No:

Name of previous school attended:.....

Contact number of previous school:.....

Please take note: two calendar months notice applicable, should your child be leaving our school

Please email completed form to Gwen Oosthuizen at gwen@qikids.co.za