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 Hout Bay
 7806

ENROLMENT FORM

Child's Name:	
Date of Birth:	
Home Address:	
Name of Doctor:	Tel. No.

State known allergies, previous illnesses and any other relevant information on past medical history:
Do both parents have collecting or visitation rights:
Person's name and telephone number should neither parent be available in case of an emergency:
Name of Previous School: Required notice:

PARENT'S DETAILS	MOTHER	FATHER
First Name		
Surname		
I.D. Number		
Marital Status		
Occupation		
Name of Employer		
Home Tel. Number		
Work Tel. Number		
Cell. Number		
Fax Number		
Email Address		

I/We, the undersigned, acknowledge that I/We have read and understand the Enrolment Conditions and the Deposit Agreement, and agree to abide by them. I/We understand whilst every reasonable precaution will be taken to prevent accidents, I/ We hereby indemnify Best Buddies, management and staff in respect of injury to my child and from damage or loss to his/her personal belongings.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

"A Home away from Home"