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52 Albert Road
 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"