

REGISTRATION FORM

Address:		
Phone #'s (Cell):	(Work):	(Home):
Mother's Name:		
Phone #'s (Cell):	(Work):	(Home):
Occupation:		
Does child reside with both parents? If no, please indicate primary caregiver:		

PHYSICAL RECORD

Any serious illness or hospitalizations?	
Any known allergies?	
Any Medications given on a regular basis?	
Are there any foods your child cannot eat?	
Name of Pediatrician:	(Phone)

SOCIAL RELATIONSHIPS

Has your child experienced playing or interacting with children?			
By nature is your child:	Friendly	Aggressive	Shy
Is your child frightened by anything?			
What are some of your child's favorite toys?			
What type of home discipline works best for your child?			
Please list the names and phone numbers of person(s), your child may go home with besides his / her parent(s):			
1)	2)		
3)	4)		
5)	6)		

DETAILS

Child's Surname:	Child's Name					
Name by which child is called:						
Gender:	M	F	Birth Date:	day	month	year
Home Language:						
Home Address:						Postal Code:

NO. 22 Acacia Street East, Noordwyk, Midrand (off Lever Road)
 Cell : 082 328 8733 / 071 146 5363
 Email : info@mightyark.co.za
 Open : 06:00 – 17:30 / Monday – Friday
 Ages : 1 – 6 years



Home Tel:		Cell No:	
Contact Telephone			
(Home)	(Work)	(Cell)	
CONTACT PERSON			
Name and Surname:			
Physical Address:			
Doctors or clinic name:			(Tel)
Child's allergies:			
Medication:			
Other Health Problems:			
PARENTS / GUARDIAN / OTHER			
Parents:			
Mother's Name:		Mother's Surname:	
Occupation:			
Contact Number:	(Work)	(Cell)	
Father's Name:		Father's Surname:	
Occupation:			
Contact Number:			
Guardians Name:		Guardians Surname:	
Occupation:			
Contact Number:	(Work)	(Cell)	
Other Name:		Other Surname:	
Occupation:			
Contact Number:	(Work)	(Cell)	
SIGNATURES			
I acknowledge that I have read and understood the conditions and obligations applicable to enrolment as detailed in this prospectus, a copy of which I have received.			
Signature of Father / Guardian / Other:			Date:
Signature of Mother / Guardian / Other:			Date:

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