



*Whizz Kids Montessori*

waar kleuters die pas aan gee • where toddlers set the pace

## ENROLMENT FORM 2024/25

Registration

Half day

Re-registration

Full day

Copy of Child birth certificate

Copy of Child clinic chart

Name and surname of child: \_\_\_\_\_

Child's birth date: \_\_\_\_\_

Child's age: \_\_\_\_\_

Child ID number: \_\_\_\_\_

Any learning difficulties e.g. Hearing etc.: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical conditions or co-morbidities: \_\_\_\_\_

Delivery: Caesarean/ Normal delivery

Pregnancy: Full term/Premature



Previous pre-school programme: \_\_\_\_\_

+27 (0) 83 235 5825

whizzkidsmontessorirg@gmail.com

6 Hartebeest Street, Reyno-Ridge x4,  
eMalahleni (Witbank), 1035

DSD Reg Nr.: 6/1/4/3/1/2/521 - Registered with SAMA

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Father's name and surname: \_\_\_\_\_

ID nr: \_\_\_\_\_

Employer: \_\_\_\_\_

Tel. nr (w) \_\_\_\_\_

(cell) \_\_\_\_\_

Occupation: \_\_\_\_\_

(h) \_\_\_\_\_

(e-mail) \_\_\_\_\_

Mother's name and surname: \_\_\_\_\_

ID nr: \_\_\_\_\_

Employer: \_\_\_\_\_

Tel. nr (w) \_\_\_\_\_

(cell) \_\_\_\_\_

Occupation: \_\_\_\_\_

(h) \_\_\_\_\_

(e-mail) \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Home address: \_\_\_\_\_

General Practitioner: \_\_\_\_\_ Tel. nr: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Number: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

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