Shammah Kids Academy
10690 Imiguza
Street, Ext 19
Bally village
Nellmapius
Pretoria 0011
Cell: 0614770069

Email: info@shammahkidsacademy.co.za I
shammahkidsacademy@gmail.com

Application Form

Full name of child		**Name usually Known by:**	
Date of Birth		**Sex:**	☐ Boy ☐ Girl
Address:			
Address:			
Postcode:		**Home Phone:**	

Mother's Details:			
Mother's name:			
Occupation:		**Employer:**	
Work phone number:		**Mobile phone numbers:**	
Email address:			
Address (if different from child's			
Address		**Postcode:**	

Father's Details:			
Father's name:			
Occupation:		**Employer:**	
Work phone number:		**Mobile phone numbers:**	
Email address:			
Address (if different from child's			
Address		**Postcode:**	

Who has parental responsibility:			
Name:		**Name:**	
Are there any contact restrictions (if yes please give details below):		☐ Yes	☐ No
Details:			

Other Emergency Contacts:			
Name:			
Telephone Number:		**Relationship to child:**	
Name:			
Name:		**Relationship to child:**	

Doctors Details

Doctor's name:			
Doctor's address:			
Postcode:		**Doctor's phone number:**	
Health Visitors name:		**Health visitor's phone number:**	

Medical Details:
Medical Details Does your child have any medical problems that we should be made aware of? Please give details below:
Allergies Does your child have any allergies that we should be made aware of? Please give details below:
Long Term Medication Is your child on any long term medication that we should be made aware of? Please give details below:

Permissions:		
Do you give the learning centre permission to take photographs for your child for promotional purposes?	☐ **Yes**	☐ **No**
Do you give the learning centre permission to administer first aid?	☐ **Yes**	☐ **No**
Do you give the learning centre permission to administer paracetamol suspension if needed?	☐ **Yes**	☐ **No**

Collection Arrangements			
Who is authorised to collect your child from learning centre other than parents? Your child will only be allowed to leave learning centre with people listed here. **Any changes to this information should be made in writing to the Learning centre Manager.**			
Name:		**Relationship to child:**	
Name:		**Relationship to child:**	
Name:		**Relationship to child:**	
As an extra precaution you may use a password. Anyone collecting your child should be made aware of this.			

Password:		

Child's Background	
What is the first language spoken at home?:	
I there any other language spoken at home?:	

I understand and acknowledge that the fee due for my child's learning centre place is to be paid per calendar month and is paid one month in advance, directly into the bank and non-refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the learning centre. I understand that failure to pay said fees may result in loss of childcare provision. I Parent/Guardian, of the child so enrolled, hereby indemnify Shammah Kids Academy, its employees and contractors from any and all responsibilities arising from any injury or loss whatsoever, however arising.

Signature: **Date:**