



# Registration Form

## 2022

(Office use)  
Number on list:

CHILD'S DETAILS					
Surname:					
Full Names:					
Preferred Name:					
Date of Birth:					
Religion:					
Date to Start dd/mm/yy					
		1-2 yrs only		All other grades	
Days a week attending:	3 days		4 days		5 days
MOTHER'S CONTACT DETAILS					
Name:					
Identity Number:					
Telephone:					
Email address:					
FATHER'S CONTACT DETAILS					
Name:					
Identity Number:					
Telephone:					
Email address:					
Parent signature:			Date:		
PHYSICAL ADDRESS					
				Postal Code:	
CONTACT PERSON IF BOTH PARENTS ARE UNAVAILABLE					
NAME:					
RELATIONSHIP:					
TELEPHONE NUMBER:					
I hereby give consent for Village Kidz Preschool to hold the above personal information which is to be used in a responsible manner in accordance with the POPI Act Number 4 of 2013.					
Parent Name: _____		Signature: _____		Signed at _____ Date: _____	

Please note that there is a non-refundable application fee of R350, payable by EFT or Zapper.  
Please note that this does not guarantee your place in the school.

Account name: Village Kidz Salt Rock (Pty) Ltd  
 Bank: Investec  
 Branch Code: 580105  
 Account No: 10012872567  
 Reference: Customer Code/Child's Name

