

Enrolment Form 2025



CHILD'S DETAILS						
First Name:				Surname:		
Home address:	unit #	complex name				
	street address					
	suburb	zip code				
Date of Birth:	day	month	year	Gender:		
Home Language:				Religion:		
Previous school:				When:		
Start Date:						

CHILD'S MEDICAL INFORMATION						
GP's Name:				Contact #:		
Medical Aid:				Membership #:		
Allergies, Dietary requirements, or medical conditions and treatment:	Asthma	Eczema	Dairy allergy	Nut allergy	Vegetarian	
	Other...					

MOTHER'S DETAILS						
First Name:				Surname:		
ID Number:				Nationality:		
Home address:	unit #	complex name				
	street address					
	suburb	zip code				
Cell #:						
Email Address: (block letters)						
Employer:						
Occupation:				Work #:		

FATHER'S DETAILS						
First Name:				Surname:		
ID Number:				Nationality:		
Home address:	unit #	complex name				
	street address					
	suburb	zip code				
Cell #:						
Email Address: (block letters)						
Employer:						
Occupation:				Work #:		

EMERGENCY CONTACT

Please note that the below person will be contacted in the case that we are not able to get a hold of the parents. They are authorised to collect as well as make decision on your behalf with regards to medications and collections etc.

EMERGENCY CONTACT DETAILS – NOT PARENTS.				
First Name:			Surname:	
ID Number:			Relation to child:	
Cell #:			Nationality:	

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COLLECTION

The below list of nominated people are authorised to collect your child on an ongoing basis, OTHER than the Mother, Father and the Emergency contact. Please note that we will not release your child to anyone that we have not received WRITTEN consent for.

COLLECTION INFORMATION – Other than Parents.			
Nanny's Full Name:		Contact #:	
Driver #1 Full Name:		Contact #:	
Driver #2 Full Name:		Contact #:	
Driver #3 Full Name:		Contact #:	

FAMILY STATUS

- Parents married
- Parents not married
- Divorced – child lives with mother
- Divorced – child lives with father
- Child lives with guardian _____ Relation to child _____

Who has legal custody of the child?

- Both
- Mother
- Father
- Other _____

Are both parents permitted to collect the child?

- Yes
- No

In the case of **Divorced Parents**, written consent must be given by the parent with legal custody to allow permission for the other parent to collect the child. I _____ (*legal guardian*) grant permission to _____ (*name*), permission to collect the child in my absence. I undertake to keep the school informed should I withdraw the consent. Should I wish to withdraw this consent or give consent to any other person, I will be required to communicate these changes in writing immediately to CKP, I understand that should CKP not be informed of changes in writing, CKP and/or any of its representatives will not be held liable for granting access to a person who was previously given permission. I understand that without written consent to allow any persons without legal custody to collect on your behalf, that person will not be allowed under any circumstances to have any access to the child.

Legal Guardians Full Name

Date

Signature

CHILD'S HISTORY

- Yes Has your child had any operations or been hospitalised?
- No Details: _____

- Yes Does your child have any hereditary conditions?
- No Details: _____

- Yes Has your child been for an assessment or attending any type of therapy?
- No Details: _____

- Yes Is your child walking?
- No

- Yes Is your child talking?
- No

- Yes Is your child toilet trained?
- No

CONSENT FOR USE OF PHOTOS AND VIDEOS ON SOCIAL MEDIA & MARKETING

We keep our families updated with photos/videos of the children having fun & learning at school. Because of this, flyers, website and social media may contain photos/videos of your child taking part in activities during school time and we need your consent to include them,

- I **give** consent to CKP to use photos/videos of my child participating in the school activities for marketing & social media purposes.
- I **do not give** consent to CKP to use photos & videos of my child.

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HOW DID YOU HEAR ABOUT CITY KIDS' PRESCHOOL

Word of Mouth
 Sign out Front
 Facebook
 Google
 Marketing Day
 Church _____

FEES

DESCRIPTION	DETAILS	AMOUNT	PERIOD	✓
Registration	Once off	R 2000	Start of enrolment	

Babies – Bouncing Bunnies				
Babies (over 11 months)	07:00 – 17:00	R 5800 p/m	Jan-Nov	
1-5 Year Olds - Little Lambs–Eager Beavers				
Half Day (over 11 months)	07:00 – 14:00	R 4650 p/m	Jan-Nov	
Full Day (over 11 months)	07:00 – 17:30	R 5800 p/m	Jan-Nov	
Grade R's – Wise Owls				
Gr. R – Half day (over 11 months)	07:00 – 13:00	R 4650 p/m	Jan-Nov	
Gr. R – Full day (over 11 months)	07:00 – 17:30	R 5800 p/m	Jan-Nov	

Stationery + Supplies				
1-3s - Stationery + Craft Supplies	1-2's + 2-3's	R950	Annual	
3-4s - Stationery + Craft Supplies	3-4's	R1200	Annual	
4-5s - Stationery + Worksheets	4-5's	R1250 + R650	Annual	
Gr R - Stationery + Curriculum	Gr R.	R1250 + R1700	Annual	

Other fees				
CKP Shirt	1-2's - 4-5's	R140	Compulsory	
CKP Backpack	1-2's - Gr. R's	R370	Compulsory	
CKP Cap	1-2's - Gr. R's	R130	Optional	
Grade R - Shirt	Gr. R	R195	Compulsory	
Grade R - Hoodie	Gr. R	R530	Compulsory	
Coding & Robotics Intramural	4-5's + Gr. R	R200 p/m	Compulsory	
Aftercare	Ad hoc	R160 per/day	14:00 – 17:30	
Termly Toiletries – (Babies + 1-2s)	3x Wet wipe packs + 2x Tissue boxes (wipes used for nappy changes are separate, sent as needed)			
Termly Toiletries – (2-3s - Gr. R)	3x Wet wipe packs + 2x Tissue boxes + 6x Toilet Paper Rolls			
Holiday Program Activities – termly	April + August + December (R650 per/term)			
Concert	October/November			

Details of Person Responsible for Payments of Fees

Name: _____ ID Number: _____
 Contact #: _____ Email: _____
 Relationship to Child _____ Debit order EFT

I, _____, ID Number _____, hereby accept responsibility for the payment of fees for the child as per the Enrolment Agreement and this Enrolment form.

Parent/Guardian's Full Name
Date
Signature

I hereby declare that I fully understand and accept all the terms and conditions stated in the CKP Enrolment Agreement and Information Pack without objection and undertake to comply accordingly and consent to my/our child participating in all school activities that teach Christian and Biblical lifestyle principles. I also confirm that all the above information is correct at time of enrolment. Should any details change, I will update the school accordingly

Parent/Guardian's Full Name
Date
Signature

Please note that admission is at the sole discretion of City Kids Preschool and incomplete registration will unfortunately not be processed.