

**SIMBA EDU CARE CENTRE**  
**Application Form**



**Childs Personal Information:**

Full name of child	
Name the child goes by	
Date of birth	
ID number	
Religion	
Gender	
Home language	
Home address	

**Parents Details:**

	Parent 1	Parent 2
Name		
ID number		
Home telephone #		
Work telephone #		
Cell number		
Occupation		
Business name		
email address		
Marital status		

Postal address		
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Date admission is required: \_\_\_\_\_

Service required: Half day or Full day or Other \_\_\_\_\_ (please circle one)

Name of person responsible for account:

\_\_\_\_\_

Name of person to receive email correspondence:  
(e.g. newsletters etc)

\_\_\_\_\_

Schools previously attended and reason for leaving:

\_\_\_\_\_

Who lives at home with the child?

\_\_\_\_\_

How did you hear about Simba Edu Care Centre?

\_\_\_\_\_

**Other people who may fetch the child from school or be contacted in emergencies:**

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

Name:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Contact numbers:

\_\_\_\_\_

**Medical Details:**

Doctors name	
Telephone number	
Address	
Medical Aid	
Medical Aid number	

Details of any allergies:	
Description of general health:	
Special Instructions or Information:	

1. Hereby undertake to pay the fees as stipulated in the fee structure.
2. Hereby consent that the school or its' appointed agent may carry out a credit enquiry and may transmit details to the credit bureau of how I have performed in meeting my obligations in terms of this agreement and in the event that I fail to meet my obligations, may record my non-performance with the applicable credit bureau.
3. Hereby undertake and bind myself to pay interest compounded monthly, at the maximum rate permissible by law on all outstanding school fees.
4. I consent to the jurisdiction of the Magistrates Court in any action instituted against me in the event that I fail to pay as per this agreement and will be liable for all collection fees on an attorney/client scale and will be liable for all tracing costs.
5. Hereby confirm that the child's immunization's are up to date. (Please kindly supply copy of vaccination records).
6. Hereby authorize Simba Edu Care Centre:
  - Seek any medical attention which the child may require where I could not be reasonably contacted and I accept full responsibility for all costs incurred
  - Administer pain relieving or fever reducing medication such as Calpol or Panado should the need arise.
7. I consent to photographs being taken of my child at school. These photo's may be available to parents or appear on our website but will not be distributed in any other form without informing parents.
8. Hereby acknowledge that I have read and accepted all the school rules and conditions of enrolment

**Parent 1:**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Parent 2:**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

***Please attach a copy of both parents ID***