



Wendy's Play & Pre-School

8 & 10 Hofsanger Ave, Randpark Ridge, Ext 5

PO Box 44260 / Linden / 2104

☎ 011 793 6236 ☎ 082 781 4082

wendysplayschool@b2einternet.co.za

APPLICATION FORM

No. APP 02/2013

This is a Christian School with Christian values and principles. Please take note that signing this form indicates that you understand and accept the Christian foundation and ethos our school is built on.

SURNAME _____ **Date of Application** _____

1. CHILD'S DETAILS _____ **Starting Date Required** _____

NAMES (1ST & 2ND) OF CHILD _____ "NICK NAME" _____

DATE OF BIRTH (d) (m) (y) _____ MALE / FEMALE _____

RELIGION _____ CHURCH AFFILIATION _____

HOME TEL _____ LANGUAGE _____ NATIONALITY: _____

ADDRESS (physical) _____

ADDRESS (postal) _____

2. FATHER'S DETAILS

SURNAME _____ NAME _____

ID NUMBER _____ CELL NUMBER _____

MARITAL STATUS _____ EMAIL ADD _____

PHYSICAL ADDRESS _____

OCCUPATION _____ WORK TEL _____ FAX: _____

BUSINESS NAME & ADDRESS _____

MAKE & COLOUR OF CAR _____ CAR REGISTRATION _____

3. MOTHER'S DETAILS

SURNAME _____ NAME _____

ID NUMBER _____ CELL NUMBER _____

MARITAL STATUS _____ EMAIL ADD _____

PHYSICAL ADDRESS _____

OCCUPATION _____ WORK TEL _____ FAX: _____

BUSINESS NAME & ADDRESS _____

MAKE & COLOUR OF CAR _____ CAR REGISTRATION _____

Has your child attended a play group / nursery school before? _____
If yes, where and for how long? _____

A copy of both parents ID's & Medical Aid Card must be attached to this form when form is submitted.

A payment of R50 (not refundable) is required on completion of this form. Thank you

Signature _____
Parent / Guardian

OFFICE USE ONLY

Registration fee: R900 paid _____

Date: _____