



Little Montessori

Parkview

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ENROLMENT FORM

DATE OF ADMISSION: _____

CHILD'S NAME: _____

CHILD'S BIRTH DATE: _____

HOME ADDRESS: _____

_____ CODE: _____

POSTAL ADDRESS: _____

_____ CODE: _____

HOME TEL NUMBER _____

RELIGION: _____

PARENTS' DETAILS:

PARENTS' MARITAL STATUS: _____

MOTHER'S NAME: _____

MOTHER'S BIRTH DATE: _____

MOTHER'S OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS TEL NUMBER: _____

CELLULAR NUMBER: _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____

FATHER'S BIRTH DATE: _____

FATHER'S OCCUPATION: _____

BUSINESS ADDRESS: _____

BUSINESS TEL NUMBER: _____

CELLULAR NUMBER: _____

E-MAIL ADDRESS: _____

NAME OF SIBLINGS: _____ AGE: _____

_____ AGE: _____

_____ AGE: _____

GRANDPARENTS

MOTHER'S PARENTS:

NAMES: _____

HOME ADDRESS: _____

_____ CODE: _____

TEL NUMBER: _____

FATHER'S PARENTS:

NAMES: _____

HOME ADDRESS: _____

CODE: _____

TEL NUMBER: _____

NAMES OF ADULTS INTO WHOSE CARE YOUR CHILD IS PERMITTED TO BE RELEASED

NAME: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

MEDICAL HISTORY

CHILD'S DOCTOR: _____

DOCTOR'S TEL NUMBER: _____

DOCTOR'S ADDRESS: _____

ILLNESSES SINCE BIRTH: _____

OPERATIONS SINCE BIRTH: _____

ALLERGIES: _____

IS THERE ANY HISTORY OF CHRONIC CONDITIONS IN THE FAMILY:

IS THERE ANY MEDICATION THE CHILD IS PRESENTLY USING ON AN ON-GOING BASIS:

TWO MORE CONTACT PEOPLE IN CASE OF EMERGENCY:

NAME: _____

HOME ADDRESS: _____

_____ **CODE:** _____

TEL NUMBER: _____

RELATIONSHIP TO CHILD: _____

NAME: _____

HOME ADDRESS: _____

_____ **CODE:** _____

TEL NUMBER: _____

RELATIONSHIP TO CHILD: _____

BACKGROUND OF CHILD

1) WERE THERE ANY PROBLEMS ATTENDING THE BIRTH OF YOUR CHILD?

2) WAS YOUR CHILD BREAST-FED AND IF SO FOR HOW LONG?

3) WHAT HAVE YOUR CHILD'S SLEEPING HABITS BEEN LIKE SINCE BIRTH?

4) WHAT IS THE CHILD'S RELATIONSHIP LIKE WITH SIBLINGS?

5) WHAT DOES YOUR CHILD'S DIET CONSIST OF IN GENERAL?

6) WHAT ARE YOUR CHILD'S FAVOURITE ACTIVITIES AND INTERESTS AT PRESENT?

7) IS YOUR CHILD POTTY-TRAINED? AND IF SO AT WHAT AGE DID THIS HAPPEN?

8) WHAT IS YOUR METHOD OF DISCIPLINE AT HOME WITH YOUR CHILD?
