

PREVIOUS CRECHE WHERE YOUR CHILD ATTENDED : _____

Child Details			
First Name		Family Name	
Date Of Birth	DD / MM / YY	Age	
Home Language		Gender	

Parents Details	Father	Mother
Email Address		
Name		
Surname		
I.D. Number		
Home Address		
Home Telephone		
Cell Number		
Occupation		
Employer		
Work Address		
Work Telephone		
Marital Status		
Do you have parental custody for the child?	Yes	No
Custody Parent Name	Contact Nr	
Emergency Contact	Contact Nr	
Relationship to child		

Please note : Admission will only be approved once payment reflects in our account.
Please send proof of payment to info@little-saints.co.za or contact Susan on 0836294625

Please Note : A once off registration fee of R450.00 is required.

Terms & Acceptance
<p>1. Please read and accept all terms & conditions on Form 2 : Prices & Indemnity and send it with this form. Those terms are part of registration terms.</p> <p>2. We offer 5% discount for 2 kids and 10% on 3 or more kids (from same family).</p> <p>3. Payments to be done via eft before the 2nd of every month, interest will be added for late payments.</p>
<h3>LITTLE SAINTS BANK ACCOUNT DETAILS</h3> <p> BANK : ABSA ACC NAME : REACH OUT COMMUNITY FOUNDATION ACC NR : 4088077201 ACC TYPE : CHEQUE ACCOUNT BRANCH CODE : 632005 </p>

SIGN : _____

NAME : _____

DATE : _____

PACKAGE : _____

SEE FORM 2 FOR PRICE OPTIONS | ANNUAL / MONTHLY / WEEKLY