



ANOINTED CRECHE



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2026 APPLICATION FORM

1. APPLICATION DETAILS

Requested starting date:

Age Group: Infants (3mnths-2yrs)

Toddlers(2-3rs)

Grade RR

Grade R

2. LEARNER INFORMATION

First name(s) of child:

Surname of child:

Sex of child: Boy Girl

Date of birth:

Home language:

Has the child attended a playgroup before: Yes No

Who does the child live with:

3. FATHER INFORMATION

Father name:

Identity number:

Residential address:

Tel Work: Cell phone number:

Employer: Position:

Email address:

4. MOTHER INFORMATION

Mother name:

Identity number:

Residential address (if different to father):

Employer: Position:

Email address:

5. EMERGENCY CONTACT

Other contact numbers in case parent cannot be reached

Name: Telephone: Relationship:

Name: Telephone: Relationship:

Name: Telephone: Relationship:

6. MEDICAL QUESTIONNAIRE

Child name: Age Group: Starting date:

Medical aid: Main member:

Main member ID number: Medical aid number:

Doctor name: Doctor number:

Doctor address:

7. Allergies

Does your child have any allergies or illnesses: Yes No

If yes explain:

What medication is required to manage the allergy or illness:

Is your child on any medication: Yes No

If yes explain medication and when it is administered:

Is there anything else regarding your child's health that we need to know: Yes No

If yes explain:

8. Emergency authorization

I authorize the teacher to act in my place in case of a medical emergency involving my child while in their care.

Parent or guardian name: Signature:..... Date:

9. Required documents to Attach

Child birth certificate

Child clinic card

Three months bank statement or payslip

10. Declaration

I declare that all information provided is true and correct. If any information changes, I will inform the school.

Signature:

Date:

