



063 690 1544 | 076 979 3773
rosevillekidicare@yahoo.com
617 Magdalena Laan, Roseville, Pretoria

APPLICATION FORM AND MEMORANDUM OF AGREEMENT FOR 2023

BETWEEN ROSEVILLE KIDICARE

(Referred to as the school)

AND

(Referred to as the parent)

1. CHILD DETAILS

Surname: _____ Nickname: _____

Full names: _____

Date of birth: _____

Gender: Male / Female

Home language: _____ Second language _____

Allergies / Medical conditions of child e.g. epilepsy:

2. PARENT DETAILS

MOTHER

FATHER

Initials and surname:

Initials and surname:

Nickname:

Nickname:

ID number:

E-mail address:

Contact nr.:

Physical address:

Employer:

Work address:

Work nr.:

ID number:

E-mail address:

Contact nr.:

Physical address:

Employer:

Work address:

Work nr.:

Marital status: Married / Divorced / Single / Guardian

3. GENERAL DETAILS

Who will bring child/ren to school? _____

Who will fetch child/ren from school? _____

4. EMERGENCIES / MEDICAL AID

Medical aid: _____ Plan: _____

Main member: _____ Membership nr.: _____

House Dr.: _____ Tel: _____

5. PERSON RESPONSIBLE FOR THE ACCOUNT

Name and surname: _____

Contact nr.: _____ E-mail address: _____

Relationship: _____

6. NEXT OF KIN

Name and surname: _____

Contact nr.: _____ E-mail address: _____

THE FOLLOWING MUST BE SENT ALONG WITH THIS FORM:

- Registration Fee
- Copy of birth certificate
- Updated copy of child's immunization card
- Copy of parents ID documents

SIGNATURE

MOTHER (PARENT/ GUARDIAN)

FATHER (PARENT/ GUARDIAN)

DATE

It is your responsibility to inform us if any off the above information changes.



063 690 1544 | 076 979 3773
rosevillekidicare@yahoo.com
617 Magdalena Laan, Roseville, Pretoria

INDEMNITY FORM

I, _____ (full name), parent or guardian of
(child's name) hereby authorize my child to participate in educational activities of
visitors and of Roseville Kidicare.

I am aware that participation in activities, may have the possibility of physical injury. I
assume that all possible precautions are taken to ensure the safety of my child.

I undertake to pay all medical and / or hospital costs, where applicable, if the
negligence of the person on duty cannot be attributed.

I carry my powers as a parent / guardian for the duration of the school day on to the
responsible person, the principal or his representative, if medical treatment / surgical
intervention may be necessary for my child.

SIGNATURE

DATE