



Learn more Pre-School & Day-Care Centre
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REGISTRATION FORM

Child's information

Name: _____ Surname: _____
Date of birth: _____ Sex: Male ☐ /Female ☐
Health issues: _____
Food Allergies: _____
Name of previous crèche: _____

Parent/Legal Guardian 1

Name: _____ Surname: _____
ID/passport number: _____ Cell number: _____
Occupation: _____ Work number: _____
Relationship to the child: _____
Residential Address: _____

Parent/Legal Guardian 2

Name: _____ Surname: _____
ID/passport number: _____ Cell number: _____
Occupation: _____ Work number: _____
Relationship to the child: _____
Residential Address: _____

Next of Kin

Name: _____ Surname: _____
Cell: _____ Relationship to the child: _____

I _____ confirm that the information provided above is correct and give permission to learnmore preschool and day-care to care for my child.

Parent/guardian 1

Signature: _____

Date: _____

I _____ confirm that the information provided above is correct and give permission to learnmore preschool and day-care to care for my child.

Parent/guardian 2

Signature: _____

Date: _____

NPO Number 055-999