



KidsBest

Pre-Primary and Aftercare

348 Wilhelmina Street
Wierda Park
0157
082 941 4581
info@kidsbest.co.za
www.kidsbest.co.za

REGISTRATION FORM

DETAIL OF LEARNER

FIRST NAME			
SURNAME			
AGE (Years)		BIRTHDAY	
STARTING DATE		GENDER	
SCHOOL NAME (If Aftercare)		KidsBest Transport (Tick as required)	Collection Drop-off
ALLERGIES:			
Person responsible for Account (Tick)	Father		Mother

DETAIL OF PARENTS / GUARDIANS

FATHER / GUARDIAN

FULL NAMES			
SURNAME			
ID NUMBER			
POSTAL ADDRESS			
STREET ADDRESS			
OCCUPATION			
EMPLOYER (NAME & ADDRESS)			
TEL NR (WORK)			
TEL NR (HOME & CELL)			
E-MAIL			

MOTHER / GUARDIAN

FULL NAMES			
SURNAME			
ID NUMBER			
EMPLOYER (NAME & ADDRESS)			
OCCUPATION			
TEL NR (WORK)			
TEL NR (HOME & CELL)			
E-MAIL			

PLEASE SIGN THE ATTACHED LIABILITY/INDEMNITY FORM

LIABILITY/INDEMNITY

To the extent that the Act does not preclude any exclusion or limitation of liability, we will not be liable to you for any special damages (to the extent they are consequential loss or damage), indirect or consequential loss or damage, whether arising from breach of contract, negligence, under any indemnity or otherwise. The undersigned also consent to the provision of swimming lessons, including the transport of the learner to and from the Swim School in Centurion. The parties to this agreement agree that they have negotiated this paragraph and that it represents a fair and equitable position. Please do not sign below until you have read and understood your Membership Application Form, Kidsbest's Terms and Conditions, Rules and Regulations and the Fee Structure.

If there is anything that you do not understand please ask for further explanation and clarification before you sign below.

Learner Name: _____ Age: _____ (Years)

Signed on this _____ day of _____, 20_____.

Print name (Parent 1/Guardian 1)

Print name (Parent 2/Guardian 2)

Signature (Parent 1)

Signature (Parent 2)