



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			
Full Name			
Surname			
Age (Years)		Date of birth	YYYY / MM / DD
Starting Date		Gender	
KidsBest Service required (Tick)		Full Day	
		Half Day	
Transport Service (Tick if applicable)		Collection	
		Drop-off	

DETAIL OF PARENTS / GUARDIANS	
FATHER / GUARDIAN	
Full Name	
Surname	
ID Number	
Residential address	
Occupation	
Place of work	
Work address	
Tel Nr (Work)	
Tel Nr (Mobile)	
E-mail address	
MOTHER / GUARDIAN	
Full Name	
Surname	
ID Number	
Residential address	
Occupation	
Place of work	
Work address	
Tel Nr (Work)	
Tel Nr (Mobile)	
Email address	

Person responsible for Account (Tick)	Father	Mother
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Detail of a responsible person, other than the father, mother or guardian, who may be consulted in emergencies

RESPONSIBLE PERSON	
Name & Surname	
Residential address	
Tel Nr (Work)	
Tel Nr (Mobile)	
E-mail address	

Detail of the child's medical practitioner

GENERAL PRACTITIONER	
Name & Surname	
Address	
Tel Nr (Practice)	
Tel Nr (Mobile)	

CHILD'S MEDICAL CONDITION

Allergies:			
General state of health and physical condition:			
Medical treatment the child is undergoing or has undergone:			
Operations the child has undergone:			
Date	Nature	Date	Nature
Illnesses or communicable diseases the child suffered from:			
Date	Nature	Date	Nature
Immunisation is on schedule as required by DOH (Tick)	Yes		No

PLEASE SIGN THE ATTACHED LIABILITY/CONSENT FORM

LIABILITY/CONSENT

To the extent that the Act does not preclude any exclusion or limitation of liability, KidsBest 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 undersigned further give consent to KidsBest to consult the child's medical practitioner when the child is in urgent need of medical attention.

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 child's registration application, Kidsbest's Terms and Conditions, Rules and Regulations and the applicable 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)