



2023 ADMISSION FORM

Principal: Nothando Ndlovu

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CHILDS NAME: FIRST : _____ SURNAME: _____

BIRTH DATE: Year _____ Month _____ Day _____ **START DATE:** _____

CLASS : _____ **CHILDS GENDER:** MALE / FEMALE

MOTHERS FULL NAME: _____

MOTHERS CONTACT NUMBERS: (a) _____ (b) _____

Occupation: _____ Monthly Salary: _____

Email Address: _____

FATHERS FULL NAME: _____

FATHERS CONTACT NUMBERS: (a) _____ (b) _____

Occupation: _____ Monthly Salary: _____

Email Address: _____

GUARDIANS NAME: _____

GUARDIANS CONTACT NUMBERS: (a) _____ (b) _____

Occupation: _____ Monthly Salary: _____

Email Address: _____

CHILD'S PLACE of RESIDENCE (Address where child stays):

Type of Accommodation: _____



PERSON RESPONSIBLE FOR CHILDS SCHOOL FEES:

NAME: _____ ID Number: _____

Cell Number: _____ Email Address: _____

I agree to pay _____ (Childs name) school fees in full. School fees are payable for 12 months and are to be paid at the beginning of each calendar month from January – December. I have signed the attached Contract.

Signature _____ Date: _____

MEDICAL HISTORY:

ALLERGIES:

MEDICATION:

CONTACT PERSON IN CASE OF EMERGENCY:

NAME: _____ NUMBERS: _____



Mother Touch Academy

(For pre-school and other educational services)

Izingane zehlati

Educational Play Group

WHO WILL BE **DROPPING** THE CHILD AT SCHOOL AND **FETCHING** THE CHILD AFTER SCHOOL:

1 1

2 2

3 3

PARENT/GUARDIAN SIGN: _____ Witness: _____

PRINCIPAL SIGN: _____ Date: _____

Registration Fee: R _____ Class Child to be enrolled: _____

DATE OF ADMISSION: _____ WITHDRAWAL DATE: _____