



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: _____



Mother Touch Academy

(FOR pre-school and other educational services)

izingane zehlathi

Educational Play Group

PERSON RESPONSIBLE FOR CHILDS SCHOOL FEES ("PAYER"):

NAME: _____ ID Number: _____

Cell Number: _____ Email Address: _____

Physical 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.

If the Payer is unable to pay the child's school fees, for whatever reason, Mother Touch Academy may contact the following person to pay the fees:

NAME: _____ ID Number: _____

Cell Number: _____ Email Address: _____

Physical address: _____

Signature _____ Date: _____

MEDICAL HISTORY:

ALLERGIES:



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MEDICATION:

CONTACT PERSON IN CASE OF EMERGENCY:

NAME: _____ NUMBERS: _____

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: _____