



SCHOOL APPLICATION FORM

DETAILS OF CHILD

First Name:

Surname:

Gender:

Date Of Birth:

Residence:

DETAILS OF PARENT/GUARDIAN

First Name:

Surname:

Address

Email:

WhatsApp (Optional):

Telephone:

Mobile:

Important Information - Relating to caring for Child. Includes Toilet requirements details, Medication Child is taken currently. (Administering medication is NOT responsibility of Jaylis, however information required in case of emergency)

EMERGENCY CONTACT: Adult ready to attend to the child in case of emergency

First Name:

Surname:

Address

Telephone:

Mobile:

Acceptance of Conditions:

I will be responsible for my child before and after daycare activities

I consent to first aid/medical treatment being obtained for my child in an emergency

I accept to immediately attend to my child as per request of Jaylis Daycare Management

I have read, understood and accepted the conditions of Jaylis Daycare

Date:

Signature:

JAYLIS SCHOOL



CHILD PICK-UP REGISTRATION FORM

NAME OF CHILD

First Name:

Surname:

NAME OF PARENT/GUARDIAN

First Name:

Surname:

Telephone:

Mobile:

NAME OF PERSON TO PICK-UP OTHER THAN PARENTS (1)

First Name:

Surname:

Telephone:

Mobile:

NAME OF PERSON TO PICK-UP OTHER THAN PARENTS (2)

First Name:

Surname:

Telephone:

Mobile:

Acceptance of Conditions:

 I will be responsible for my child before and after daycare activities

 I know and presents above person(s) to drop and pick-up my child from Jaylis Daycare

 Person(s) will act on my behalf, I will be responsible for his/her actions while having custody of my child

 Jaylis Daycare reserves the right to refuse child pick-up by anyone other than parents or registered person(s)

Date:

Signature: