



7 Annandale Road, Diep River 7800 • T/F 021 713 2110
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 Hours: 7am - 6pm • 8:30am - 12:30pm half day

APPLICATION FORM (Confidential) Full Day Half Day

SURNAME: NAME OF CHILD:

DATE OF BIRTH: SEX: HOME PHONE NO:

CELL NO. Father :CELL NO. Mother:

ADDRESS: Code:.....

EMAIL:.....

CONTACT NAME & TEL. NO. Relative/Friend:.....

MARITAL STATUS: Married Divorced Single Parent Widowed

NO. OF CHILDREN IN THE FAMILY:CHILD IS (1st, 2nd, 3rd etc)

MOTHER'S NAME: OCCUPATION:

FATHER'S NAME: OCCUPATION:

WORK PHONE NO: Father..... Mother

FAMILY DOCTOR: PHONE NO:

PREVIOUS ILLNESS, HEREDITARY CONDITIONS/DEFECTS, ALLERGIES:

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IS YOUR CHILD ON ANY MEDICATION? (Specify).....

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Information provided by:Date:

I will not hold St Luke's Educare staff responsible for any injury to my child while in their care.

Signed: (Parent/Guardian)

<p>SCHOOL FEES: R per month payable monthly in advance</p> <p>ENROLMENT FEE (non refundable): R200.00 - must accompany application</p> <p>NAME OF PERSON RESPONSIBLE FOR ACCOUNT:</p> <p>BANKING DETAILS ABSA PLUMSTEAD A/C 6304401007 CODE 632005</p>
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