



7 Annandale Road, Diep River 7800 • T/F 021 713 2110  
 E st.lukes@mweb.co.za • www.stlukeseducare.co.za  
 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/Disabilities, Allergies: .....

.....

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

.....

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 2000..... per month <b>payable monthly in advance,(full day)</b></p> <p><b>ENROLMENT FEE (non refundable): R200.00</b> - must accompany application</p> <p>NAME OF PERSON RESPONSIBLE FOR ACCOUNT: .....</p> <p><b>BANKING DETAILS ABSA PLUMSTEAD A/C 6304401007 CODE 632005</b></p>
--