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www.stlukeseducare.co.za

**APPLICATION FORM** (*Confidential*)

**Full Day** or  **Half Day**

**SURNAME:** ..... **NAME OF CHILD:** .....

**DATE OF BIRTH:** ..... **SEX:** .....

**PARENTS 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:** .....

**CELLPHONE NO. Father :** ..... **CELL NO. Mother:** .....

**Work phone no: Father**..... **Work phone no: Mother** .....

**EMAIL: Father** ..... **EMAIL Mother:** .....

**HOME PHONE NO:** .....

**HOME ADDRESS:** ..... **Code:**.....

**EMERGENCY CONTACT NAME & TEL. NO:**

**Relative/Friend:**.....

**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*)

**SCHOOL FEES:** R ..... per month - **Payable monthly in advance** (call school office for this info)

**ENROLMENT FEE ( non refundable ) R200.00** - must accompany application

**NAME OF PERSON RESPONSIBLE FOR ACCOUNT:** \_\_\_\_\_

**Banking DETAILS ABSA PLUMSTEAD A/C 6304401007 CODE 632005**