



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

NAME OF CHILD: SURNAME:

DATE OF BIRTH: SEX: HOME PHONE NO:

ADDRESS: Code:.....

EMAIL: primary contact:secondary:

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

PARENTAL/GUARDIAN DETAILS: If Guardian please specify the relation (.....)

MARITAL STATUS: Married Divorced Single Parent Widowed

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

MOTHER'S NAME: FATHER'S NAME:

OCCUPATION:..... OCCUPATION:

CELL NO. Mother: CELL NO. Father :.....

WORK PHONE NO#Mother :..... WORK PHONE NO#Father

MEDICAL AID for Child circle (YES / NO) (Specify)

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)

ENROLMENT FEE (non-refundable) R250.00 - must accompany application
 Kindly note : SCHOOL FEES are payable monthly in advance.

NAME OF PERSON RESPONSIBLE FOR FEES: _____

BANKING DETAILS ABSA PLUMSTEAD savings A/C 6304401007 CODE 632005