



# Diapers and Dummies Crèche & Nursery School



## Information Sheet

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE

### Child's Details

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Birthdate: \_\_\_\_\_

### Mom's Details

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Dad's Details

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Contact Number 1: \_\_\_\_\_ Contact Number 2: \_\_\_\_\_

### Medical Info

Allergies: \_\_\_\_\_

Last Immunisation: \_\_\_\_\_

(please attach a copy of immunisation chart)

Chronic Illnesses: \_\_\_\_\_

### Doctors Details

Name \_\_\_\_\_ Surname \_\_\_\_\_

Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

### Medical Aid Data

Medical Aid \_\_\_\_\_ Member Number \_\_\_\_\_

Principal Member \_\_\_\_\_ Contact Number \_\_\_\_\_

I, \_\_\_\_\_ agree that the above information is accurate

Signature: \_\_\_\_\_ Date: \_\_\_\_\_