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Registration no: 2003 / 050311 / 23

## Registration Form:

Name of Child: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Tel no (h) \_\_\_\_\_

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

Postal Address \_\_\_\_\_

Name of Father \_\_\_\_\_ Id no: \_\_\_\_\_

Occupation \_\_\_\_\_ Tel no (w) \_\_\_\_\_  
Fax no (w) \_\_\_\_\_

Work address: \_\_\_\_\_  
\_\_\_\_\_ Cell no: \_\_\_\_\_

Name of Mother \_\_\_\_\_ Id no: \_\_\_\_\_

Occupation \_\_\_\_\_ Tel no (w) \_\_\_\_\_  
Fax no (w) \_\_\_\_\_

Work address: \_\_\_\_\_  
\_\_\_\_\_ Cell no: \_\_\_\_\_

Person responsible for payment of fees: \_\_\_\_\_ Vehicle Registration number: \_\_\_\_\_  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail \_\_\_\_\_

Name & Address of relative not staying with you: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Tel no: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Medical Aid no: \_\_\_\_\_

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

Name of person(s) who are allowed to collect my child: \_\_\_\_\_

\* Please attach copies of ID"s, Birth certificate of child & Clinic card