



2026 Application Form

PERSONAL INFORMATION

First Name:	Last Name:	Sex:
Address:	Home Phone:	Birth Date:
City:	Postal Code:	Province:

FAMILY INFORMATION

Father's Name:	Employment:
Position:	Bus. Phone:
Mother's Name:	Employment:
Position:	Bus. Phone:
Marital Status: Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other <input type="checkbox"/>	

GENERAL MEDICAL INFORMATION

Family Physician: Physician's Address:	Phone No:
Does student have any physical defects or allergies? Yes	
If yes, explain: <input type="checkbox"/> No <input type="checkbox"/>	
Med Aid No:	Expiry Date:

EMERGENCY TELEPHONE NUMBERS

Incase Parents/Guardians cannot be reached, the following people are authorized to pick up the students.

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	Province:	Postal Code:

HOW DID YOU HEAR ABOUT Little Angels Childcare centre?

(PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Agent <input type="checkbox"/> Our Website <input type="checkbox"/> Website <input type="checkbox"/> Canadian Education Centre <input type="checkbox"/> Education Fair <input type="checkbox"/> Guidebook/Magazine <input type="checkbox"/> Relative/Friend Other:
If from an Agent or Student enrolled in school, please specify the name:

MEDICAL INFORMATION/AUTHORIZATION

Child's name:	
Health Card #:	Expiry Date:
Physician's Name:	
Physician's Address:	
Height of child:	Weight of child:
In the event that I cannot be reached in a time of illness or accident concerning my child, you are authorized to contact the physician listed below. If the named physician cannot be reached, permission is granted to authorize any doctor to provide necessary medical emergency care.	
Doctor:	
Address:	
Telephone:	

Further consent to my child being transport by a staff member in case of sudden illness or emergency to a private physician or hospital.

- a) I understand that if my child appears ill at the day care, my child will be isolated from the other children and given staff supervision until arrangements can be made to pick up my sick child.
- b) I further understand that after my child has been absent from the day care with a serious disease or illness, a signed paper, stating that my child is well enough to return to the day care, is required before my child will be readmitted to the day care.
- c) I understand that the day care staff shall administer medication and special medical procedures only with a written, dated and signed request from my physician. Medication shall be in its original container.
- d) I understand that my child will not be admitted to the day care until a completed medical form is on file. If my child appears to be ill, he/she will not be admitted to the day care. I shall notify the Manager of the day care if the illness is contagious.

Record of past communicable diseases

Allergies or other important information:

Has your child had any of the following: whooping cough _____ chicken pox _____ measles _____ mumps _____ Permission to administer

Tempera or Tylenol in the event of a temperature:

Above: _____ Dosage: _____

Please attach a copy Immunization Card to the registration package

I _____ hereby agree to the rate quoted at the time of the interview and to the preceding Medical Authorization. I have read, do understand and agree to the policies and procedures as outlined I the Little Angels Childcare centre Parent Handbook.

Signature of Parent/Guardian

Signature of Parent/Guardian

Relationship to child

Relationship to child

Date Signed

DateSigned

Contact Details

+27 68 237 5303

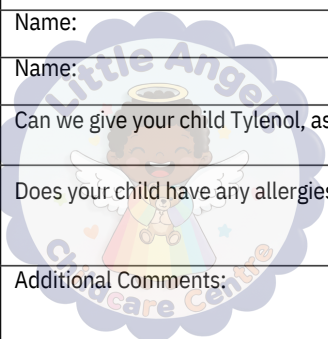
info@littleangelschildcare.org.za

INFORMATION SHEET

GENERAL			
Name:			
Date of Birth:	Age:	Child lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Other:	
<i>In absence of the above, please list two persons willing to assume responsibility in an emergency during school hours</i>			
Name	Relationship with Child	Telephone Number	
Normally child will come to school with:		And will be picked up by:	
Please name of any person not allowed to pick up child:			
Please indicate HEALTH			
Any serious illness or accident:		Prescription medicine : Special development concerns: If yes specify:	
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes			
NUTRITION			
WHAT FOOD DOES YOUR CHILD : prefer?		<input type="checkbox"/> yes <input type="checkbox"/> No	
dislike?		Bladder:	Bowel:
		What kind of assistance does child require?	
REST		SIBLINGS	
Amount of rest each night:	Length of nap during day:	Does your child have siblings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Age(s):
Does your child have a special toy or blanket at nap time:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CARE			
Have adults other than parents cared for the child before?			
Has the child had any previous group experiences?			
What languages, other than English, are spoken at home?			
Names of pets at home:			
What fear does child have:			

EMERGENCY FORM

EMERGENCY FORM	
First Name:	Last Name:
Address: Home Phone	City: Postal Code:
Number: OHIP	Date of Birth: Sex:
Number: Doctor's	Type: Expiry Date:
Name:	Phone Number:
Address:	City: Postal Code:
Mother's Name:	Father's Name:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
<i>In case of emergency who should we contact?</i>	
Name:	Phone Number:
Name:	Phone Number:
Can we give your child Tylenol, aspirin, or Pepto Bismol? Yes No	
Does your child have any allergies or medical conditions?	
Additional Comments:	



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2026 Fees

Registration Fee
R200.00

3months-1year
Full day R900
Half day R700

1yr-2years
Full day R700
Half day R600

2-3 years
Full day R500
Half day R400

3-6 years
Full day R500
Half day R400

Account details

Bank name: Capitec Business

Account holder: Little Angels Childcare Centre Npc

Account type: Current

Reference : Child's Full name

Account number: 1054706549

Branch code: 450105

Operating Hours

Mon-Fri 6am to 6pm(Fullday)

Halfday 6am to 1h30PM

Aftercare 6pm to 6am