



15 Albert Street
Harfield Village
Claremont
7700

Telephone: 021 683 1437
www.childrensstudio.co.za

APPLICATION FORM

admin@childrensstudio.co.za

By completing this form and making the R 110 application fee payment, you will be added to our waiting list

DATE OF APPLICATION:..... REQUIRED STARTING DATE:.....

TODDLER (2-3) YES/NO

PRE-SCHOOL (3-6) YES/NO

FULL DAY (7.30 – 5.30) YES/NO HALF DAY (7.30 – 12.15) YES/NO HOLIDAY CARE YES/NO

FULL NAMES AND SURNAME OF CHILD:.....

DATE OF BIRTH : GENDER :.....

FULL NAMES AND SURNAME OF FATHER :.....

ID NUMBER:.....

ADDRESS:..... POSTAL CODE:.....

OCCUPATION:EMPLOYER:.....

TEL HOME:WORK.....CELL:.....

EMAIL ADDRESS:.....

FULL NAMES AND SURNAME OF MOTHER :.....

ID NUMBER:.....

ADDRESS:..... POSTAL CODE:.....

OCCUPATION:.....EMPLOYER:.....

TEL HOME:WORK.....CELL:.....

EMAIL ADDRESS:

Why would you want your child to attend a Montessori school?

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How did you hear about us: Word of mouth Internet & website Facebook Other

SIGNATURES: Mother.....Father.....

Please complete and return to the above address along with R110 registration fee, in order to be added to our waiting list.

Banking Details: Standard Bank Acc 072 519 711 Branch Code 025 109