Bright Minds - Capital View

Full day ☐ Half day ☐ Weekly care ☐ After care ☐ Day care ☐ Hourly care ☐

Child's Full Details

Enrolment Date: _____
Name and Surname: _____
Age: _____
Allergies: _____
Date of birth: _____
Gender: Male or Female Male
Prescribed Medication: _____
Medical Aid Name: _____
Medical Aid Number: _____
Home Language: _____
Other condition: _____

Father or Guardian details

Name: _____
ID number: _____
Relationship: _____
Contact number (WhatsApp): _____
Physical Address: _____
Signature_____

Mother or Guardian details

Name: _____
ID number: _____
Relationship: _____
Contact number (WhatsApp): _____
Physical Address: _____
Signature_____

For school WhatsApp group

WhatsApp Number: _____

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Payments

Person Responsible for Payment: _____

Date of Payment: _____