



boorhaanol

nursery & pre-primary school

Preparing your child for school, madrassa & life

Boorhaanol Centre
Pentz Street
Cape Town, 8001

P O Box 15291
Vlaeberg, 8018

Tel.423-7690, Fax: 423-7460
Email: b_n_s@worldonline.co.za

REGISTRATION FORM

PARTICULARS OF CHILD

First Name(s) Surname

Birthdate **GROUP** Tiny Tots Preschoolers (Grade R)
 Juniors Advanced Preschoolers (Grade R+)

Home Language(s) English Afrikaans Xhosa Other:

Potty Trained? Yes No

Vaccinated? Yes No

Measles Y N
Chicken Pox Y N
Mumps Y N
German Measles Y N

Allergies?

FAMILY DOCTOR Name Tel.

NEXT OF KIN
(if parents are not contactable) Name Tel.

PARTICULARS OF PARENTS/GUARDIANS

	FATHER	MOTHER
Surname	<input type="text"/>	<input type="text"/>
First Name(s)	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>	<input type="text"/>
Home Telephone	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Name of Employer/Company	<input type="text"/>	<input type="text"/>
Work Address	<input type="text"/>	<input type="text"/>
Work Telephone	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Cellphone Number	<input type="text"/>	<input type="text"/>
Person(s) to collect child from school	<input type="text"/>	

PAYMENT OF FEES

PERIOD OPTIONS Monthly Quarterly Annually

FORM OF PAYMENT Cash / Cheque Electronic Transfer

DURATION AT SCHOOL

Full day Half day Other :

UNDERTAKING

I, the undersigned, being the parent/guardian of the abovementioned child, confirm that I wish to enrol my child at this school and that I am able to pay the tuition and other fees as it become due.

Signature of Parent

Date