

# Cosmo KIDZ



## Registration Form

### Child's details

Date of Registration	
Full name of child	
Date of Birth	
Boy / Girl	
Home Language	
EMERGENCY CONTACT NUMBER	
Next of kin name	
Next of kin relation to child	
Next of kin contact number	

### Health

Allergies / Health Problems	
Treatment Required	
Family Doctor Name	
Family Doctor Telephone Number	
Medical Aid Name	
Medical Aid Telephone Number	
Medical Aid Number	

### Mother's Details

Mother's Full Name	
Identity Number	
Telephone Number - Work	
Telephone Number - Home	
Cellular Number	
Email Address	
Company Name	
Occupation	
Marital Status	
Home Address	
Postal Address	

**Father's Details**

Father's Full Name	
Identity Number	
Telephone Number - Work	
Telephone Number - Home	
Cellular Number	
Email Address	
Company Name	
Occupation	
Marital Status	
Home Address	
Postal Address	

I hereby declare I have read all the information explaining how COSMO KIDZ - Day Care will operate and have also read the payment system.

I declare and fully understand that neither the school, nor its staff, will be held liable for any loss, damage and injury of whatever nature consequential or otherwise caused.

\_\_\_\_\_  
**Parent Full Name**

\_\_\_\_\_  
**Date**

***Please attached:***

- Certified copy of your child's Birth Certificate
- Copy of your child's vaccination card
- Certified copy of identity book / card of both parents (if applicable)
- Copy of medical aid card (if applicable)
- Proof of residential address

**COLLECTION FORM**

Kindly indicate below who will be collecting your child from Cosmo Kidz on a daily daily.

\_\_\_\_\_  
**Full name**

\_\_\_\_\_  
**Relation to Child**

Please note that if you are unable to collect your child, a written notification is required.