



166 Prosopect Road, Walmer, 6070
Tel: (041) 581 1923 admin@thecapstoneschool.co.za

FOR OFFICIAL USE ONLY
Date of application: _____
Age of child: _____
Parent interviewed: _____

Application for Enrolment – Pre-Primary

CHILD DETAILS

Surname & Name of child:

Name by which he/she is called:

Sex:

Date of birth:

Home language:

Religion:

PARENTS DETAILS

Father's surname : Name:

Initials: ID Number:

Address:

.....Code:

Postal Address (if applicable):

.....

Telephone: Home: Work:

Cell No: E-mail:.....

Work name & address:

.....

Occupation: Title (if any):

Mother' surname: Name:.....

Initials: ID No:

Address:.....

.....Code:

Telephone: Home:Work:

Cell No:..... E-mail:

Work name & address:.....

.....

Occupation :Title (if any):

Marital status: (single, married, divorced):

Other children in the family:

Name:Age:

Name:Age:

Name:Age:

GENERAL DETAILS

Has your child attended play-school/pre-primary previously?

If so, where?

Reason for leaving:

Proposed date of entry into Children's World Pre-school :

Please indicate to which primary school your child will be going:.....

.....

Who will bring your child to school?.....

Who will fetch your child from school?

Relatives and other important adults to your child :.....

.....

Who is responsible for paying the school fees?

Contact person, other than parents, in case of emergency:

..... Tel :

Doctor :..... Tel :

DEVELOPMENTAL DETAILS

Birth : (Normal, caesar, instruments)

Feeding : (Breast, bottle)

Pregnancy : (Full Term, premature, induced)

Any problems with your child after birth?.....

Walking :

Name any motor co-ordination handicaps or traits your child may have:

.....

Speech : Defects?..... Any therapy :.....
 Approx age of first words : Sentences:
 Habits : (thumb sucking, bottles, bed wetting, nail-biting)
 Sleeping habit : (restful, nightmares, wake up time)

 Feeding : any special problems?
 Allergies :
 Elimination : Can your child attend to him/herself?
 Does he /she ask to go to the toilet?
 Health : Which infectious diseases has your child had ?
 Has your child been vaccinated ?.....

PLEASE ATTACH A COPY OF YOUR CHILD'S CLINIC CARD

SOCIAL AND EMOTIONAL BEHAVIOUR

Emotional :(Temper Tantrums, sensitive, highly strung, insecure).....

 How does your child react to discipline?.....

 Special interests :
 Is there any emotional behaviour you are concerned about?.....

 Does your child have any fears?.....
 Any other information you may regard as essential :

If your child has been for psychological testing or any form of therapy, please attach a copy of the reports.

Terms of Application

The School reserves the right to apply for a full credit check on the Parents, including contacting any previous schools that the prospective learner has attended, in order to assess amongst others, the ability to satisfy The Capstone School financial obligations as set out in the Enrolment Agreement. The Parents authorise the School to conduct any credit inquiries on the Parents should the need arise and if required, to provide consumer credit information to any debt collectors and/or credit bureau.

Forms to accompany this application

- Birth certificate
- A copy of the passport or work permit for non-South African applicants
- A copy of both parents ID documents
- A copy of the most recent school report.
- A recent passport photo attached to the front page
- A copy of the clinic card or inoculation certificate
- Deposit R2000 due on acceptance