



HRN 2025 ENROLMENT APPLICATION

AGE: _____ DATE: _____ BRANCH: _____ Please initial all pages

LEARNER INFORMATION: (Please print clearly)	
SURNAME:	FIRST NAMES:
GENDER:	DATE OF BIRTH:
POSITION IN FAMILY _____ OUT OF _____	IDENTITY/PASSPORT No.
PLACE OF BIRTH:	RACE:
HOME LANGUAGE:	CITIZENSHIP:
HOME ADDRESS:	
	POSTAL CODE:
FAMILY INFORMATION	
FATHER'S DETAILS: (Please print clearly)	
SURNAME:	NAME:
IDENTITY/PASSPORT No	OCCUPATION:
EMPLOYER:	
WORK PHONE:	CELL PHONE:
EMAIL ADDRESS:	MARITAL STATUS:
MOTHER'S DETAILS: (Please print clearly)	
SURNAME:	NAME:
IDENTITY/PASSPORT No	OCCUPATION:
EMPLOYER:	
WORK PHONE:	CELL PHONE:
EMAIL ADDRESS:	MARITAL STATUS:
GUARDIAN'S DETAILS: (Please print clearly) (if the child is not living with parents):	
SURNAME:	NAME:
IDENTITY/PASSPORT No	OCCUPATION:
EMPLOYER:	
WORK PHONE:	CELL PHONE:
EMAIL ADDRESS:	MARITAL STATUS:

Initials _____



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ALTERNATIVE CONTACT'S DETAILS: (Please print clearly)

1.	NAME SURNAME:	RELATIONSHIP TO CHILD
	WORK PHONE:	CELL PHONE:
2.	NAME SURNAME:	RELATIONSHIP TO CHILD
	WORK PHONE:	CELL PHONE:

MEDICAL DETAILS

NAME OF DOCTOR:	CONTACT NO:
MEDICAL AID:	MEDICAL AID NO:
MEMBERSHIP NO:	MAIN MEMBER:

BROTHER'S & SISTER'S IN THE SCHOOL

1.	NAME SURNAME:	GRADE:
2.	NAME SURNAME:	GRADE:

ACCOUNT DETAILS

PERSON RESPONSIBLE FOR ACCOUNT:	
ID NO:	CELL NO:
ADULT RESPONSIBLE FOR COLLECTION:	
ID NO:	CELL NO:

PRESENT SCHOOL RECORD

SCHOOL NAME:	CONTACT NO:
EMAIL ADDRESS:	MEDICAL AID NO:
HAS YOUR CHILD EVER REPEATED A GRADE?	
HAS YOUR CHILD BEEN DIAGNOSED WITH (ADD OR ADHD) OR ANY OTHER LEARNING DIFFICULTY? YES / NO If YES, explain what course of action is being followed:	
WHAT GRADE IS YOUR CHILD CURRENTLY IN?	
HOW DID YOU HEAR ABOUT HOPE RESTORATION NURSERY?	

Initials _____



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DOCUMENTATION TO BE ATTACHED WITH APPLICATION

CERTIFIED COPIES OF BOTH PARENTS' IDs
CERTIFIED COPY OF BIRTH CERTIFICATE
LEARNER IMMUNIZATION CARD
LEARNER ID PHOTO

INDEMNITY AGREEMENT

Although every precaution necessary will be taken to prevent accidents, HOPE RESTORATION NURSERY, or employees of the school, any guests, or other persons associated with the NURSERY will not be held responsible for any claims due to injury to a child arising from an accident which may occur whilst the child is on the premises or at any outing by or on behalf of the school.

Please Note: We only accept a full month's notice for un-enrolling your little one. No notice can be given for November or December of the year, and fees for these months must be paid in full.

I.....agree to the terms and conditions of enrollment.

SIGNATURE: _____

DATE: _____

Initials _____