

# Stepping Stones Pre-Primary School

## ENROLMENT FORM FOR YEAR 20 12

### PERSONAL INFORMATION

<b>Child's Name &amp; Surname :</b>			
<b>* Given Name :</b>		<b>Child's Gender :</b>	
<b>Date of Birth :</b>		<b>Home Language</b>	
<b>Home Tel. No. :</b>		<b>Postal Address :</b>	
<b>Home Address :</b>			
<b>Father's Name :</b>		<b>Mother's Name :</b>	
<b>Cell. no. :</b>		<b>Cell. no. :</b>	
<b>Place of Work :</b>		<b>Place of Work :</b>	
<b>Occupation :</b>		<b>Occupation :</b>	
<b>Work Tel. No. :</b>		<b>Work Tel. No. :</b>	
<b>Child's Future Primary School :</b>			
<b>Family's Religion :</b>			
<b>Position of Child in Family :</b>			
<b>Other Children in Family (Names &amp; Age)</b>			

### EMERGENCY HEALTH INFORMATION:

<b>House Doctor :</b>		<b>Doctor's Tel. No. :</b>	
<b>Allergies :</b>			

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