

HIDDINGH HOUSE

27 Finsbury Avenue, Newlands, 7700 email: hiddinghouse@gmail.com

APPLICATION FOR ENROLMENT

Surname		Date of Birth	
First Name		Gender	
Preferred Name		Year applying for (year they turn 3)	
How many children in family		Position of child in family	

Parent 1

Parent 2

Title		Title	
First Name		First Name	
Last Name		Last Name	
Marital Status		Marital Status	
Home address		Home address	
Home phone no.		Home phone no.	
Cell no.		Cell no.	
Work phone no.		Work phone no.	
Email address		Email address	

Date of Application:

Number of days per week:

Allergies:

Signature of Parent: