



2026 Enrolment Form

PERSONAL DETAILS OF CHILD

First Names:	
Surname:	
Nickname:	
Gender:	
Home language:	
ID number:	
Place and Country of birth:	
Nationality of child:	
Religion:	
Allergies:	

PERSONAL DETAILS OF PARENTS/GUARDIANS

	MOTHER	FATHER
Title:		
Surname:		
First name/s:		
Identity number:		
Occupation:		
Company:		
Work Number:		
Home Number:		
Cell Number:		
Marital status		
Residential address		
Postal address		
In use e-mail address		

EMERGENCY CONTACT DETAILS

1. Name & Surname:	
Relationship:	
Contact Number:	
2. Name & Surname:	
Relationship:	
Contact Number:	

MEDICAL DETAILS

Doctor – name and telephone number	
Medical Aid name and number	
Is the child allergic to bee stings?	
If yes, what should we do?	
Any other allergies?	

GENERAL INFORMATION

Previous schools attended:	
Contact number of last school:	
Position of child in family: 1st, 2nd, 3rd etc.	
Is the child adopted?	
Any other children in the family. Names and ages:	1.
	2.
	3.
	4.
Was he/she full term/premature?	
Natural birth / Caesarean?	
When did he/she start walking?	
When did he/she start talking?	
Any speech impediments?	
Any physical difficulties we may need to know about?	

Any important information to take note of: (any deaths, divorce, separation, adoption or accidents):

ACKNOWLEDGEMENTS

Please note that part of our curriculum is based on the CAPS curriculum inspired by the Montessori principals, practices and ethos. We are NOT classified as an authentic Montessori school despite being registered with SAMA.

Yes / No

I, the undersigned, _____ (full name) being the father/mother/guardian of _____ (full name of child, hereby agree to the terms and conditions on this form and undertake to abide by them while my child is in the care of the Hilton Gardens Childrens Academy staff.

- I hereby waive all claims I may have against Hilton Gardens Childrens Academy, its owners or staff arising from injury, accident, illness or any other cause involving the above mentioned child, and hereby indemnify Hilton Gardens Childrens Academy against all claims.

- I hereby understand that Hilton Gardens Childrens Academy and its staff will not be responsible for the procedures that are taken following any injury. I further acknowledge that the parent or guardian shall be held responsible for payment of medical and / or hospital accounts arising from treatment.

- I hereby understand and acknowledge the FULL 2023 Parent Hand Book as well as the 2026 Constitution that was handed to me upon registration. I agree and accept all information included.

- I also hereby give permission to have photographs taken of my child for social media purposes for Hilton Gardens Childrens Academy use only:

YES NO

- I also hereby give permission to administer first aid by the primary care giver/first aid officer on duty at the time if and when it is required:

YES NO

Parent/Guardian Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Witness Signature: _____

Date: _____

