



The Fellowship Church
C/O Newark and Waratah Roads,
Melkbosstrand
www.thefellowship.co.za
Tel Nr: (021) 553 3098
admin@thefellowship.co.za

CONFIDENTIAL ENROLLMENT FORM

Child's Information

Full Name: _____

Surname: _____

Home Language: _____

Date of Birth: _____

Physical Address: _____

Postal Address: _____

_____ Postal Code: _____

_____ Postal Code: _____

Home Tel Nr: _____

Parents / Guardian Information

Marital Status: _____

Father's Name: _____

Mother's Name: _____

Father's Surname: _____

Mother's Surname: _____

Date of Birth: _____

Date of Birth: _____

ID Nr: _____

ID Nr: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Physical Address: _____

Physical Address: _____

_____ Postal Code: _____

_____ Postal Code: _____

Postal Address: _____

Postal Address: _____

_____ Postal Code: _____

_____ Postal Code: _____

Email Address: _____

Email Address: _____

Tel Nr: _____

Tel Nr: _____

Cell Nr: _____

Cell Nr: _____

Family Information

Sibling Name: _____ Age: _____
Sibling Name: _____ Age: _____
Sibling Name: _____ Age: _____
Sibling Name: _____ Age: _____

Child's Medical Information

Emergency Contact Person: _____ Cell Nr: _____
Medical Aid Name: _____ Medical Plan: _____
Medical Aid Nr: _____
General Practitioner: _____ Tel Nr: _____
Address: _____
Pediatrician: _____ Tel Nr: _____
Address: _____

List all medical conditions, allergies, illnesses, injuries or other problems:

Account Information

Responsible Person's Name and Surname: _____
Relationship to child: _____ Contact Tel / Cell Nr: _____
Postal Address: _____

SIGNATURE PARENT / GUARDIAN

____/____/____
DATE

NAME PRINT