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## Section 1: Application details

☐ Please indicate with an x the applicable box

Group (nursery)	Infants (9-18 months) <input type="checkbox"/>	Explorers (18-24 months) <input type="checkbox"/>	Inventors(24-36 months) <input type="checkbox"/>
	Gr 000(3-4yrs) <input type="checkbox"/>	Gr 00(4-5yrs) <input type="checkbox"/>	Gr R (6 yrs) <input type="checkbox"/>
	Half day <input type="checkbox"/>	Full day <input type="checkbox"/>	

## Section 2: Child's details

Surname	<input type="text"/>											
Name/s as on birth certificate/ID	<input type="text"/>											
Preferred name	<input type="text"/>											
ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="DD/MM/YYYY"/>	Current age	<input type="text"/>	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>						
Home language	<input type="text"/>			2nd language	<input type="text"/>							
1st teaching language	<input type="text"/>			2nd teaching language	<input type="text"/>							
Number of children in family	<input type="text"/>	Position of child in family	<input type="text"/>									
Nationality	<input type="text"/>			Country of origin	<input type="text"/>							
Race:	Asian <input type="checkbox"/>	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	White <input type="checkbox"/>	Indian <input type="checkbox"/>	Other <input type="checkbox"/>						
Resides with:	Parents <input type="checkbox"/>	Guardian <input type="checkbox"/>										
Religion	<input type="text"/>											

## Section 3: Child's education details

Current school	<input type="text"/>	Previous school	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Tel. no.	<input type="text"/>	Tel. no.	<input type="text"/>
	<input type="text"/>		<input type="text"/>

## Section 4: Child's medical details

Has your child had all immunizations according to the Road to Health book ? Please indicate with an X. Yes No

Does the child suffer from any allergies? Yes No

If yes, please provide details below:

Does the child have any special medical needs? Yes No

If yes, please provide details below:

Does/has the child suffered from any other illnesses/disabilities? Yes No

If yes, please provide details below:

## Section 5: Necessary supporting documents, completed sections and forms

**Important note:** This application will only be processed if all fields are completed legibly, are signed, and all necessary supporting documents are attached.

Certified copy of Latest Payslip

Certified copy of Proof of residence

Copy of parents'/legal guardians' IDs

Copy of Child's Birth Certificate

Copy of Child's immunization Report

All Sections completed and signed

ONE RECENT  
COLOUR PHOTOS  
OF LEARNER  
(ID SIZE)



## Section 5: Personal details of father, or legal guardian (continued)

Complete only if NOT the account holder, as referred to in section 7.

Surname													
Full names as on ID													
ID number													
Designation	Mr	Mrs	Ms	Miss				Dr					
	Rev.	Prof.	Other										
Relationship						Marital status							
Occupation						Employer							

Residential address	Work address	Postal address

Tel. H		Tel. W		Cell	
Email address					

## Section 6: Personal details of mother, or legal guardian

Complete only if NOT the account holder, as referred to in section 7.

Surname													
Full names as on ID													
ID number													
Designation	Mr	Mrs	Ms	Miss				Dr					
	Rev.	Prof.	Other										
Relationship						Marital status							
Occupation						Employer							

Residential address	Work address	Postal address

Tel. H		Tel. W		Cell	
Email address					



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## Section 7: Details – person responsible for account

Surname													
Full names as on ID													
ID number													
Designation	Mr	Mrs	Ms	Miss		Dr							
	Rev.	Prof.	Other										
Relationship						Marital status							
Occupation						Employer							
Residential address				Work address				Postal address					
Tel. H				Tel. W				Cell					
Email address													

## Section 8: Signature of parent, legal guardian, and/or account holder

We, the undersigned, \_\_\_\_\_, hereby certify that the information provided in this application for admission is complete and accurate. We acknowledge that enrolment is subject to, inter alia, signing a learner admission contract that contains the detailed terms, conditions and requirements for admission.

We hereby authorize the school and/or any of its associates to conduct any credit inquiries on us as may be necessary from time to time.

We undertake to accept and abide by the admission policy and Code of Conduct of the kindergarten.



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## Section 8: Signature of parent, legal guardian, and/or account holder (continued)

**NB: The signatures of the account holder and both parents and/or legal guardians are required where applicable.**

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of father/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of mother/legal guardian

\_\_\_\_\_  
Date

## Section 9: Survey – marketing

Where did you hear about us? Please indicate with an X.

Billboard

Newspaper

Magazine

Radio

Presentation

Friend

Brochure

Flyer

Exhibition

Web

Other (specify):



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