BAKEN AKADEMIE PRESCHOOL AND DAYCARE

Learner Enrolment Form

Important note
Please complete all sections clearly and attach the required supporting documents.
Submission of this application does not automatically guarantee enrolment.

1. LEARNER DETAILS

Learner Full Name	
Preferred Name	
Surname	
Date of Birth	
ID / Passport Number	
Gender	Male / Female
Home Language	
Religion	
Current Age at Date of Enrolment	
Year of Enrolment	
Preferred Start Date	
Development Stage / Grade	

Attendance and campus options
☐ Attendance Option: Full Day
☐ Attendance Option: Half Day
☐ Campus Applying For: Elephant Campus
☐ Campus Applying For: Giraffe Campus

Meal option
☐ For learners 2 years and older: Meals Included
☐ For learners 2 years and older: Meals Excluded
☐ For learners under 2 years: Own meals supplied by parent/guardian

Toilet / potty-training status, where applicable

☐ Not yet potty trained
☐ Potty training in progress
☐ Fully potty trained
☐ Nappies / pull-ups required

2. PARENT / LEGAL GUARDIAN DETAILS

Information	Parent / Legal Guardian 1	Parent / Legal Guardian 2
Full Name		
Relationship to Learner		
Occupation		
Employer		
Cell Number		
Email Address		

3. RESIDENTIAL AND BILLING INFORMATION

Home Address	_____
Postal Address	_____
Person Responsible for Accounts	_____
Person Legally Responsible for School Fees	_____
Billing Email Address	_____

4. EMERGENCY CONTACTS

Instruction
Please provide emergency contacts other than the parent(s)/legal guardian(s), where possible.

Contact Person	Relationship	Phone Number

5. COLLECTION AUTHORISATION

Collection control
Please list all persons authorised to collect the learner from school.
The School reserves the right to request identification before releasing a learner to any authorised person.

Full Name	Relationship	Contact Number

Custody / legal restrictions

☐ There are no custody arrangements, court orders or legal restrictions relating to the collection or care of the learner.

☐ There are custody arrangements, court orders or legal restrictions. Details and supporting documentation are attached.

6. MEDICAL INFORMATION

Medical Aid Scheme	
Medical Aid Number	
Principal Member	
Family Doctor	
Doctor Contact Number	
Allergies, including food, medication or environmental allergies	
Medication currently taken by the learner	
Chronic Conditions	
Special Dietary Requirements	

Medical conditions

☐ Does the learner require an EpiPen? Yes

☐ Does the learner require an EpiPen? No

☐ Does the learner have asthma? Yes

☐ Does the learner have asthma? No

☐ Does the learner have epilepsy/seizures? Yes

☐ Does the learner have epilepsy/seizures? No

Emergency medical treatment consent

☐ In the event of a medical emergency, I/we authorise the School to seek emergency medical assistance should I/we not be immediately reachable.

7. DEVELOPMENTAL AND EDUCATIONAL INFORMATION

Previous School / Daycare	
Reason for Leaving	
Languages Spoken at Home	

Behavioural or emotional concerns	
Learning, developmental or support requirements	
Therapies / Specialist Support	

8. SUPPORTING DOCUMENT CHECKLIST (These may be handed in later, but at the latest when child starts)

Please attach copies of the following documents

☐ Copy of learner birth certificate / ID
☐ Copies of parent/guardian IDs
☐ Proof of residence
☐ Copy of medical aid card, if applicable
☐ Immunisation record
☐ Previous school report, if applicable
☐ Proof of payment of registration/development levy
☐ Therapy / specialist reports, if applicable

9. COMMUNICATION, MEDIA AND POPIA CONSENT

Please indicate your consent

☐ I consent to receiving communication via WhatsApp.
☐ I consent to receiving communication via email.
☐ I consent to photographs/videos being used for internal school communication.
☐ I consent to photographs/videos being used for school marketing and promotional purposes.
☐ I understand that personal information will be collected, stored and processed in accordance with POPIA requirements.

10. PARENT DECLARATION

I/We confirm that:

• The information supplied in this application is accurate and complete.
• Any medical, behavioural, developmental or educational concerns have been disclosed.
• I/We acknowledge and support the Christian ethos and values of the School.
• I/We understand that submission of this application does not automatically guarantee enrolment.
• I/We agree to comply with the policies, procedures, rules and financial obligations of Baken Akademie Preschool and Daycare.
• I/We confirm that I/we have received, read and accepted the Baken Akademie Preschool and Daycare Fee Structure & Financial Policy 2026.

Signed at	

Name / Role	Signature	Date
Parent / Legal Guardian 1		
Parent / Legal Guardian 2		
School Representative / Admissions Officer		

11. FOR OFFICE USE ONLY

Date Received	
Registration / Development Levy Paid	Yes / No
Campus Confirmed	Elephant Campus / Giraffe Campus
Development Stage Confirmed	
Start Date	
Enrolment Accepted	Yes / No
Principal / Admissions Approval	

Office Notes / Admissions Comments

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Building Strong Foundations for the Future.