



BAKEN AKADEMIE PRE-SCHOOL & DAYCARE
Learner Enrolment Form 2026

1. LEARNER DETAILS

Learner Full Name: _____

Preferred Name: _____

Surname: _____

Date of Birth: _____

ID / Passport Number: _____

Gender: _____

Home Language: _____

Religion: _____

Current Age: _____

Year of Enrolment: _____

Development Stage / Grade:

Campus Applying For:

- Elephant Campus
- Giraffe Campus

2. PARENT / GUARDIAN DETAILS

Information	Parent / Guardian 1	Parent / Guardian 2
Full Name		
Relationship to Learner		

Occupation		
Employer		
Cell Number		
Email Address		

3. RESIDENTIAL INFORMATION

Home Address: _____

Postal Address: _____

Person Responsible for Accounts:

Billing Email Address: _____

4. EMERGENCY CONTACTS

Contact Person	Relationship	Phone Number

5. COLLECTION AUTHORISATION

Please list persons authorised to collect the learner from school.

The School reserves the right to request identification before releasing a learner.

Full Name	Relationship	Contact Number

6. MEDICAL INFORMATION

Medical Aid Scheme: _____

Medical Aid Number: _____

Principal Member: _____

Family Doctor: _____

Doctor Contact Number:

Allergies: _____

Medication: _____

Chronic Conditions: _____

Special Dietary Requirements:

Does the learner carry an EpiPen?

- Yes
- No

Does the learner have asthma?

- Yes
- No

Does the learner have epilepsy/seizures?

- Yes
- No

7. DEVELOPMENTAL & EDUCATIONAL INFORMATION

Previous School / Daycare:

Reason for Leaving: _____

Languages Spoken at Home:

Behavioural Concerns: _____

Learning Support Requirements:

Therapies / Specialist Support:

8. SUPPORTING DOCUMENT CHECKLIST

- Copy of learner birth certificate / ID
- Copies of parent/guardian IDs
- Medical aid card copy
- Immunisation record
- Previous school report (if applicable)
- Proof of payment of registration fee
- Therapy / specialist reports (if applicable)

9. COMMUNICATION & MEDIA 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 school communication and promotional purposes.
- I understand that personal information will be 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 support the Christian ethos and values of the School
- I/We understand that acceptance of this application does not automatically guarantee enrolment
- I/We agree to comply with the policies procedures rules and financial obligations of Baken Akademie Pre-School & Daycare

Signed at: _____

Parent / Guardian 1 Signature	Date
_____	_____

Parent / Guardian 2 Signature	Date
_____	_____

School Representative	Date
_____	_____