



APPLICATION FOR ADMISSION



Phone: (031) 563 0882

20 Mackeurtan Avenue, Durban North, 4051

<http://www.dncc.org.za/tap-homework-centre.html>

Start Date: _____

Child's Name and Surname: _____

Name of School: _____

Date of Birth: _____ Grade: _____ Age: _____ Home Language: _____

Residential Address: _____

Code: _____

Mother's Name: _____ Father's Name: _____

Cell number: _____ Cell number: _____

Work number: _____ Work number: _____

Home number: _____ Home number: _____

Email: _____ Email: _____

Person to be notified in case of an emergency when parents/guardians are unavailable

Name and Surname: _____

Relationship to Child: _____ Cell number: _____

Address: _____ Work number: _____

Code: _____ Home number: _____

Doctor's Name: _____ Doctor's number: _____

Name of Medical Aid: _____ Medical Aid number: _____

Does your child have any physical disabilities, allergies or is he/she on any long-term medication or a special diet?

Please specify: _____

May your child be given any medication? (E.g. Panado or Paracetamol): _____

Who is permitted to collect your child? _____

I, _____ have read the conditions of admission to chilled Homework and chillAX Aftercare and am in agreement. I have signed the indemnities and I agree to abide by the conditions laid down by @Tap Community Centres, The Coffee Corner and Durban North Community Church.

Signed:
(Parent/Guardian)

Date: