

SUGAR TOTS PRE-PRIMARY - APPLICATION FORM

If you are interested in sending your child to Sugar Tots please fill in the form and email it back to me at admin@sugartots.co.za

This would be for children born in 2014 and onwards.

APPLICATION FOR ADMISSION TO SUGAR TOTS

Personal details of parent

Mother	Father
Surname:	Surname:
First names:	First names:
ID No:	ID No:
Residential address:	Residential address:
Postal address:	Postal address:
Code:	Code:
Occupation:	Occupation:
Tel No (B):	Tel No (B):
Tel No (H):	Tel No (H):
Cell No:	Cell No:
Email:	Email:

Child

Medical Aid information

Surname:	Name of medical Aid:
First name:	
Sex:	Medical aid no:
Date of Birth:	Doctor:
Allergies:	Phone No:

Contact Name and Number we can call if you are unavailable:

Name: _____

Cell: _____

MOTHERS SIGNATURE

FATHERS SIGNATURE