

SmartStarter Franchisee ID number: \_\_\_\_\_



## CHILD REGISTRATION FORM

SMARTSTARTER (name) \_\_\_\_\_

START DATE FOR CHILD in PROGRAMME TODAY \_\_\_\_\_

VENUE \_\_\_\_\_

CHILD'S NAME AND SURNAME \_\_\_\_\_

BOY ☐

GIRL ☐

AGE

DATE OF BIRTH

CHILD ID No  
if available

CHILD'S RACE

(please tick relevant box)

African ☐

Coloured ☐

White ☐

Indian ☐

Other ☐

Name of Primary caregiver  
and relationship to child \_\_\_\_\_

CAREGIVER TELEPHONE  
NUMBER \_\_\_\_\_

Primary Caregiver highest  
Education level (e.g Grade) \_\_\_\_\_

CAREGIVER IDENTITY  
NUMBER \_\_\_\_\_

Home Language  
of child \_\_\_\_\_

ADDRESS \_\_\_\_\_

Name of person to contact  
in an emergency? \_\_\_\_\_

PHONE  
NUMBER \_\_\_\_\_

Does the child have any  
allergies or disabilities? \_\_\_\_\_

Does the child have any health conditions  
that I should be aware of? (e.g. Chronic  
illnesses such as diabetes or epilepsy.) \_\_\_\_\_

HAVE YOU SEEN  
CLINIC CARD?

yes ☐

no ☐

HAVE YOU SEEN THE CHILD'S  
BIRTH CERTIFICATE?

yes ☐

no ☐

Does the family get  
any of these?

Child Support Grant ☐

Pension ☐

Foster Care Grant ☐

Disability Grant ☐

By completing this form, I \_\_\_\_\_

(full names of parent / guardian) being the

Legal Guardians(s) of \_\_\_\_\_

(full names of child) do hereby consent for my child to

attend the Early Learning Programme to be held at \_\_\_\_\_

(the place) on these days

(days of the week) from \_\_\_\_\_ to \_\_\_\_\_

(times the Programme will run).

I commit to attending a monthly caregiver session (or sending a family representative if I can't make it) and if possible helping at the Programme once a month. By completing this form I agree to drop off and collect my child from the Programme on time every day.

If I am unable to come, I will send \_\_\_\_\_

(full name) whose number is \_\_\_\_\_

(cell number)

I hereby agree that neither the child nor guardians shall have any claim whatsoever and indemnify and hold harmless the Programme, any staff or the organisation or the organising body, or any sponsor against any loss or damage or from any claim or action of whatsoever for physical injury of otherwise, suffered by the child or by any other third party, arising from his / her participation in such Programme or in activities regardless of whether or not they shall have been caused by any omission or the negligence of the aforementioned individual, organising body or sponsor. I am however aware that every possible precaution will be taken to ensure maximum safety and well-being of my child.

SIGNED \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

At \_\_\_\_\_

(place) on this day \_\_\_\_\_

(date, month, year)

Witness (signature) \_\_\_\_\_

Witness (name) \_\_\_\_\_

PLEASE  
TICK one  
of these

☐

I GIVE permission for my child to voluntarily take part in photography/filming organised by SmartStart or SmartStart Regional franchisor, and for these to be used to tell others about the programme. I understand that any materials using my child's image will not include their name. The photographs/film will not be given to others or be used to make a profit. The photographs/film will become the property of SmartStart or the organising body.

☐

I DO NOT give permission for my child to take part in photography/filming.

☐

I GIVE permission for personal information I have provided about me and the child I am registering for this programme to be stored and used for the purpose of the proper running and monitoring of SmartStart early learning programmes. I understand that the information will be shared with the organisations directly involved in the programme, including SmartStart. I also understand that this information is necessary for SmartStart to provide the early learning programmes. This consent is valid as long as my child attends a SmartStart programme. If you do not want to give consent you can choose not to but then we cannot provide you with the services.

SIGNED \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_

AN EARLY LEARNING SOCIAL FRANCHISE