

# BEAUTIFUL minds LEARNING CENTRE

NCP Reg. No. 2013/052851/08  
15 Ophir Road, Plumstead, Cape Town  
info@beautifulminds.co.za | www.beautifulminds.co.za  
021 7971096 | 069 112 6323

## ADMISSION FORM

<b>Learner's Name/s</b>				
<b>Learner's Surname</b>				
<b>Gender (tick box)</b>	Female		Male	
<b>Home Language</b>				
<b>Residential Address</b>				
	Postal Code: _____			
<b>Postal Address</b>				
	Postal Code: _____			
<b>Date of Birth</b>	Day: _____	Month: _____	Year: _____	
<b>Mother's name</b>	Surname _____		First Name(s) _____	
<b>Mother's occupation</b>	_____		Single	
<b>Mother's identity number</b>	_____		Married	
<b>Mother's employer</b>	_____		Divorced	
<b>Mother's contact numbers</b>	Work: _____	Home: _____		
	Email: _____	Mobile: _____		
<b>Father's name</b>	Surname _____		First Name(s) _____	
<b>Father's occupation</b>	_____		Single	
<b>Father's identity number</b>	_____		Married	
<b>Father's employer</b>	_____		Divorced	
<b>Father's contact numbers</b>	Work: _____	Home: _____		
	Email: _____	Mobile: _____		

Guardian's name Guardian's occupation Guardian's identity number Guardian's employer Guardian's contact numbers	Surname _____		First Name(s) _____	
			Single	
			Married	
			Divorced	
	Work: _____	Home: _____		
	Email: _____	Mobile: _____		
Next of Kin (not spouse)	Name and Surname: _____		Contact Number: _____	
Other siblings in the household.	Name and Surname: _____		Date of Birth: _____	
			Gender: _____	
	Name and Surname: _____		Date of Birth: _____	
			Gender: _____	
	Name and Surname: _____		Date of Birth: _____	
			Gender: _____	
Health Conditions (tick relevant boxes)	Epilepsy	<input type="checkbox"/>	High/low blood pressure	<input type="checkbox"/>
	Diabetes	<input type="checkbox"/>	Heart	<input type="checkbox"/>
	Rheumatic Fever	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
	Seizures	<input type="checkbox"/>	How often?	<input type="checkbox"/>
	Other:			
Description of disability				
Medication  (List quantity to be taken & frequency through the day)	Name	Dosage	Times/day	
	_____	_____	_____	
	_____	_____	_____	

Is he/she toilet trained?	Yes		No	
Is he/she mobile?	Yes		No	
Details of eating habits and dietary requirements				
Family medical history				
Learner's medical history (any illnesses, operations or surgery / Details of allergies				
Family Doctor				
Telephone number				
Psychiatrist				
Telephone number				
Hospital attended				
Telephone number				
Other useful information				
Hand Dominance				
Foot Dominance				
Reason for referral	<b>Scholastic difficulties</b>	<b>Behavioral</b>	<b>Emotional</b>	<b>Other</b>
	Reading Spelling Mathematics Comprehension Language Memory Organisation Planning	Temper outbursts Frustration Aggression Poor concentration Hypoactive Hyperactive Attention Deficit ADHD	Weepy Fearful Anxious Dependent Wide mood swings Poor self-esteem	

	<b>ACADEMIC DETAILS OF THE LEARNER</b>									
Present school										
Present class teacher										
School's phone number										
Present grade										
Grade(s) repeated										
	<b>EARLIER EDUCATION HISTORY</b>									
Previous Schools Attended										
Consent information	<p>From time to time, the centre will require photographs of the learners for publication in the press, Annual Report or any other article published by the centre. All staff members, including interns, working with the learners need to view the information in their folders to assist with their development.</p> <p style="text-align: center;"><b>All information is treated as confidential.</b></p>									
Consent by parent or guardian (please tick relevant box)	<ul style="list-style-type: none"> <li>- Photographs and/or videos may be taken of my child</li> <li>- My child may be transported by the centre</li> <li>- All staff may view the contents of my child's folder</li> <li>- The centre may administer medication (prescribed by the doctor) to my child. [Please do not put medication in the child's case/bag, but hand it to the assistant on the vehicle.]</li> </ul>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	Yes	No	Yes	No	Yes	No
Yes	No									
Yes	No									
Yes	No									
Yes	No									
Indemnity information	<p>I indemnify and undertake to bring no legal proceedings of whatsoever nature or kind, against the Centre and/or any of its Board of Management Members and/or any of its various Committee Members and/or any of its staff members and/or any beneficiary for all or any claims for damages of whatsoever arising out of injury or loss or harm of whatsoever kind, sustained by reason of the use and/or being on the centre's premises, transport or equipment. [The Centre only insures its own property. The onus is therefore on the parent/guardian to insure your child.]</p>									
Signed by	Parent / Guardian / Trustee *	Date:								
Name and Surname	* Delete inapplicable item									
Admission Date (dd/mm/yyyy)										
Signed by:										