 **UCT Educare Centre**

Properties and Services Department

Nursery Road

Upper Campus, University of Cape Town, 7701

Tel: +27 21 650 3522

E-mail: educare@uct.ac.za

Internet: [www.students.uct.ac.za/students/support/educare/contact](http://www.students.uct.ac.za/students/support/educare/contact)

**APPLICATION FORM**

**Name of child to be placed on the waiting list.**

|  |  |  |
| --- | --- | --- |
| **Required date of enrolment:** |  |  |

# DETAILS OF THE CHILD

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | Sex | |  |
| Surname |  | | | | |
| DOB |  | Languages | |  | |
| Address | Home Tel: | | | | |

**OTHER CHILDREN IN THE FAMILY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Name | Age |
|  |  |  |  |
|  |  |  |  |

**DETAILS OF PARENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Marital Status |  | | | |
| Married | Divorced | Single | Re‐married | Other |

**MOTHER** (please tick)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Member | | |  | | Under Graduate | | |  | | Post Graduate | | | |  | | 3rd Party | |  |
| Staff / Student Number | | | | | | |  | | | | | | Title | | | |  | |
| Name | |  | | | | | | | ID  Number | | |  | | | | | | |
| Surname | |  | | | | | | |
| Name and address of Department/Company | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Work Tel |  | | | | | | Fax |  | | | Cell | | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | | |

**FATHER** (please tick)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Member | | |  | | Under Graduate | | |  | | Post Graduate | | |  | | 3rd Party | |  |
| Staff Number | | | | | | |  | | | | | | Title | | |  | |
| Name | |  | | | | | | | ID  Number | | |  | | | | | |
| Surname | |  | | | | | | |
| Name and address of Department/Company | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Work Tel |  | | | | | | Fax |  | | | Cell | | |  | | | |
| **Email Address** | | | |  | | | | | | | | | | | | | |

|  |
| --- |
| **OTHER SPECIFIC DETAILS YOU WOULD LIKE US TO KNOW (e.g. child on chronic medication, a special diet, other illnesses, injuries, accidents and/or operations, special needs or specialist report)** |
|  |

# SIGNATURE OF PARENTS

|  |  |  |
| --- | --- | --- |
| **NAME OF PARENTS/GUARDIAN** | **SIGNATURE** | **DATE** |
|  |  |  |
|  |  |  |

**NB: Please attach a copy of your child’s road to health booklet to the application form and give details of any agencies involved (eg, Occupational therapist, Speech therapist, Clinical psychologist etc).**

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