

# Registration Form

## VENUE DETAILS:

School: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Class: \_\_\_\_\_

## CHILD'S DETAILS:

Name: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Surname: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
1. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
2. Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

## CONTACT DETAILS:

Parents Name: \_\_\_\_\_  
Home Telephone: ( ) \_\_\_\_\_  
Work Telephone: ( ) \_\_\_\_\_  
Mobile Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Receive information by SMS:  Yes  No

## OTHER INFO:

To render the best service to your child please mention any physical, emotional or learning problem \_\_\_\_\_

## ACKNOWLEDGMENT:

- I hereby grant permission that my child may receive computer training on the premises of \_\_\_\_\_
- I have read the rules and regulations on the back hereof and understand that payments received late are subject to penalty interest of 10%.
- I further understand that the cancellation of my child's course is subject to a one month written notice.
- I also understand that all fees are payable in advance.
- If my child takes any medication to control physical and behavioural problems or if any physical, psychological or emotional problem occurs, I undertake to inform Compass Kidz in writing.
- I UNDERSTAND AND ACCEPT THE ABOVE-MENTIONED CONDITIONS**

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

ID. Nr. \_\_\_\_\_

# Registrasievorm

## SKOOL BESONDERHEDE:

Skoolnaam: \_\_\_\_\_  
Onderwyser: \_\_\_\_\_  
Klas: \_\_\_\_\_

## KIND SE BESONDERHEDE:

Naam: \_\_\_\_\_  
Van: \_\_\_\_\_  
Huisadres: \_\_\_\_\_  
Poskode: \_\_\_\_\_  
1. Geboortedatum: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ouderdom: \_\_\_\_\_  
2. Geboortedatum: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ouderdom: \_\_\_\_\_

## KONTAK BESONDERHEDE:

Ouer Naam: \_\_\_\_\_  
Huis Telefoon: ( ) \_\_\_\_\_  
Werk Telefoon: ( ) \_\_\_\_\_  
Mobiele Telefoon: \_\_\_\_\_  
E-pos Adres: \_\_\_\_\_  
Ontvang inligting deur SMS:  Ja  Nee

## ANDER INLIGTING:

Ten einde die beste diens aan u kind te lewer, meld asb. enige fisieke-, emosionele- of leerprobleme \_\_\_\_\_

## BEVESTIGING:

- Ek gee hiermee toestemming dat my kind rekenaaropleiding mag ontvang op die perseel van \_\_\_\_\_
- Ek het die reëls en regulasies op die rugkant hiervan gelees en verstaan dat laat betaling aan 'n boeterente van 10% onderhewig sal wees.
- Ek verstaan verder dat die kansellasie van my kind se kursus onderhewig is aan een maand skriftelike kennisgewing, waarsonder 'n verdere rekeninge vir een maand betaalbaar sal wees.
- Ek verstaan ook dat alle gelde vooruit betaalbaar is.
- Indien my kind enige medikasie gebruik vir fisiese-, psigologiese- of emosionele probleme het, onderneem ek om Compass Kidz skriftelik daarvan te verwittig.
- EK VERSTAAN EN AANVAAR DIE BOSTAANDE VOORWAARDES**

Ouer se handtekening \_\_\_\_\_

Datum: \_\_\_\_/\_\_\_\_/\_\_\_\_.

ID. No. \_\_\_\_\_