



Capital Kids Preschool

Where Minds Grow

20 Nigel Philip Ave, Eastlea, Harare

Phone: 0772653802/0779888914

Web: capitalkids.co.zw

### ENROLLMENT APPLICATION

**Form must be returned with a non-refundable \$75.00 registration fee.**

Child's Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: M F Start Date: \_\_\_\_\_

Days to Attend: Mon Tue Wed Thurs Fri Hours of Care Needed: \_\_\_\_\_ to \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex: M F Start Date: \_\_\_\_\_

Days to Attend: Mon Tue Wed Thurs Fri Hours of Care Needed: \_\_\_\_\_ to \_\_\_\_\_

Mother/ Guardian \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Identification #: \_\_\_\_\_

Father/ Guardian \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Identification #: \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ Custody With: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

I was referred to the center by: \_\_\_\_\_

To the best of my knowledge I have completed the above information in a true and accurate manner and I further agree to the following terms:

1. The application will become part of the child care agreement
2. If my child does not start the registration fee is forfeited.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Capital Kids Preschool: \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Amount Received \_\_\_\_\_ Date