



TINY WONDERS

Tiny Wonders Early Childhood Development Centre Capital View Estate Enrolment Form 2026

Child Information:

Full name of child: _____

Child surname: _____

Nickname or preferred name: _____

Date of birth: _____

Age of child: _____

Gender: Male / Female _____

ID Number: _____

Home language: _____

Full Day (06:00 – 18:00)

Half Day (06:00 to 14:30)

Please attach a copy of your child's birth certificate, immunization record, and report card from the previous school.

Previous school

information:

Previous preschool name: _____

Years in school: _____

Reason for leaving: _____

Children in family:

1 _____ **Date of Birth:** _____

2 _____ **Date of Birth:** _____

3 _____ **Date of Birth:** _____

4 _____ **Date of Birth:** _____



Birth and Developmental Information

Birth: Normal or c-section _____

How many weeks when mother gave birth: _____

Any other information the school should know?

Parent/s

Information

Father/Guardian

Name: _____

Surname: _____

ID number: _____

Home address: _____

Postal address: _____

Cell number: _____

WhatsApp number (if different): _____

Email address: _____

Occupation: _____

Employer: _____

Employer address: _____

Work number: _____

Religion: _____

Marital status (if separated please share custody agreement): _____

Does the child reside with you? _____

SA Citizen: _____

***Please attach a copy of ID document.**



Mother/ Guardian

Name: _____

Surname: _____

ID number: _____

Home address: _____

Cell number: _____

WhatsApp number (if different): _____

Email address: _____

Occupation: _____

Employer: _____

Employer address: _____

Work number: _____

Religion: _____

Marital status (if separated please share custody agreement): _____

Does the child reside with you? _____

SA Citizen: _____

***Please attach a copy of ID document.**

Emergency Contacts

1. Full name: _____

Surname: _____

Cell number: _____

Relationship: _____

2. Full name: _____

Surname: _____

Cell number: _____

Relationship: _____

Address: 7886 Anthesis Street, Capital View Estate, Ext

29 Contact Numbers: +27 79 401 6765

Email Address: tinylittlewonders@gmail.com



Medical History and Information

Any complications during pregnancy or birth: _____

Chronic illness/ Diagnosis (if any): _____

Allergies (if any): _____

Does your child take any chronic medication? Please specify:

Previous operations: _____

Medical aid name: _____

Medical aid plan: _____

Medical aid number: _____

General practitioner or pediatrician name: _____

Contact number: _____

Choice of hospital to be taken to for an emergency:

Pick-Up Information

Child will be picked up by:

1. Name and Relationship: _____

2. Name and Relationship: _____

3. Name and Relationship: _____

4. Name and Relationship: _____



TINY WONDERS

Agreement to Paying of School Fees

Person responsible for payment of fees:

Father: Mother: Other:

Details if other:

Title: _____ **Name:** _____ **Surname:** _____

Relationship: _____ **Contact nr:** _____

Email address: _____ **ID nr:** _____

Address: _____

Person responsible for the account, please read and sign:

I, _____ agree to pay the school fees monthly from the starting date through EFT or debit order for

_____ (Child's name).

I understand that:

- School fees have to be paid on or before the 31st of each month.
- All fees must be paid in advance for the following month.
- 2 calendar months' notice needs to be given.
- School fees are payable for 12 months each year.
- Extra murals and extra school activities are not part of the school fees.
- I will be billed extra for late pick-ups to pay the staff member who watched my child.
- Both parents are responsible for the account to be paid.
- The school will take the needed legal route to recover past-due fees.
- If fees are 2 months outstanding, your child will lose their placement in the school with 7 days' notice.
- Annual increases will be communicated.
- Fees must be up-to-date for class placement for the next year and report cards.

Signature of parent or person responsible for payment of fees:

_____ **Date:** _____

Media Permission

We will make use of a Facebook group as well as school WhatsApp groups that you are welcome to join, as we share information and pictures this way. Only parents currently enrolled in our school will form part of these groups.

Do we have your permission to take your child's pictures alone and in group format and share this on these two groups for you as parents to enjoy: **YES** **NO**

Parent signature: _____ **Date:** _____



**Tiny Wonders Early Childhood Development Centre
Capital View Estate
Enrolment Form 2026**

	Half Day 6AM - 2:30PM	Full Day 6AM - 6PM
0 - 2 Years	R1800	R2200
2 - 3 Years	R1650	R2150
3 - 4 Years	R1650	R2100
4 - 5 Years	R1650	R2100
5 - 6 Years	R2100 Plus R254 Homeschool Curriculum Fees	R2100 Plus R254 Homeschool Curriculum Fees

Non-refundable registration fees:

A once-off registration fee of R500 is payable upon enrolling your child. Please note: This fee is non-refundable and not deductible from the school fees.

Additional payments:

Extra murals at school presented by other companies School events as per calendar
Late collection fees: R50 per every 10 minutes of being late.