



# Honeycomb Montessori Preschool

60 Old Kendal Road Constantia Cape Town

P.O. Box 381 Constantia 7848

Tel : 021 794 3725

Email: principal@honeycombpreschool.co.za

## APPLICATION FORM FOR YEAR 20\_\_\_\_\_

This application should be lodged with a **R230.00 administrative fee**, in order to be placed on our waiting list.

SURNAME \_\_\_\_\_ MALE / FEMALE (Circle)

FIRST NAME OF CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

POSITION OF CHILD IN FAMILY \_\_\_\_\_ HOME LANGUAGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_ NAME OF MOTHER \_\_\_\_\_

CELL \_\_\_\_\_ CELL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CONTACT EMAIL ADDRESS \_\_\_\_\_

HAS YOUR CHILD ATTENDED A PLAYSCHOOL? (*Please name*) \_\_\_\_\_

IF YES, FROM WHAT AGE AND FOR HOW LONG? \_\_\_\_\_

HAVE YOU HAD A PREVIOUS CHILD AT HONEYCOMB? \_\_\_\_\_

NAME ANY COUSIN / RELATIVE/ FRIEND WHO HAS ATTENDED HONEYCOMB \_\_\_\_\_

HAVE YOU APPLIED AT ANY OTHER PRESCHOOL/PLAYGROUP? \_\_\_\_\_

HOW DID YOU HEAR ABOUT HONEYCOMB? \_\_\_\_\_

ANY PARTICULARS WE SHOULD KNOW ABOUT YOUR CHILD? *Allergies, illnesses, etc.*

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ MOTHER/FATHER DATE \_\_\_\_\_

### OFFICE USE ONLY

DATE RECD		PF AMT		ORIENT DATE	
APPL.FEE		PF DATE		START DATE	
APPL. THANKS		PF THANKS		CUST.CODE	
OFFER				SF INV	