



ENROLMENT FORM

5 Medina Passage,
 57 Bodmin Street,
 New Redruth,
 Alberton, 1449
 Cell No: 084 580 9141
 Email: enrol@totsintteams.com

DATE: _____

SCHOOL NAME			
ADDRESS			
			POSTAL CODE
NAME OF PRINCIPAL			
SCHOOL TELEPHONE NUMBER			
TYPE OF SCHOOL	PRIVATE	GOVERNMENT	
RATE PER CHILD			
CONTRACT START DATE			
CONTACT END DATE			
1) NAME OF CLASS TEACHER			
CLASS			
AGES OF CHILDREN			
NO OF CHILDREN			
2) NAME OF CLASS TEACHER			
CLASS			
AGES OF CHILDREN			
NO OF CHILDREN			
3) NAME OF CLASS TEACHER			
CLASS			
AGES OF CHILDREN			
NO OF CHILDREN			
ALLOCATED TIME			
ALLOCATED DAY			

SIGNED THIS _____ DAY OF _____ 20__

 PRINCIPAL

 FULL NAME

Banking Details:

Prinsloo

FNB

Branch 250942

Account No: 62077888380

Please use Schools name as reference