

ENROLMENT FORM

Enrolment date _____

Particulars of Child

Full Names				Surname	
Known As				Gender	
Name of School Attending					Age :
Date of birth				Home Language	
	Day	Month	Year		

I the undersigned parent(s) or guardian(s) of _____ hereby consent to enrolling the aforementioned child in the 4IR skills program at Dineo's Digital Dreamers. This enrollment is contingent upon adherence to the terms and conditions herein, and the undersigned parties mutually accept joint and several liability for the specified amounts.

It is expressly understood that the monthly fee per child for the program is R120, the parent(s) or guardian(s) are individually and collectively responsible for all associated payments. These payments are to be made directly to the school in accordance with the agreed-upon terms.

Parent/Guardian Signature: _____

Parent information

Mother Name & Surname	
Physical Address	
Cell Phone	
Email	
Mother Signature	

Father Name & Surname	
Physical Address	
Cell Phone	
Email	
Father Signature	

Company Address:

2542 Hornbill East Street Vlakfontein Extension 3 1829 /
 154 Angola Avenue Street Cosmo City Extension 6 2188



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DIGITAL DREAMERS

E-mail: info@digitaldreamers.org.za
Contact Details: 081-434-8430
Facebook Page: Dineo's Digital Dreamers

Guardians	
Name & Surname	
Physical Address	
Cell Phone	
Email	
Guardians Signature	

Contact details in case of an emergency (not parent)

Name & Surname		Name & Surname	
Relation to Child		Relation to Child	
Contact Number		Contact Number	

Financial Information (Person responsible for account)

Name & Surname	
Physical Address	
Relation to Child	
Cell Phone	

Signature of person responsible for the account

Date

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For More Information Contact

Dineo Makaudi

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