

Enrolment form 2017



Enrol your child now and receive a free evaluation!

Mariska Smit
Registered kinderkineticist
Reg no: 01/015/07/1516/005
Cell no: 076 849 8369
Email: mariska@limitlesskids.co.za

Information of child

Full name and surname: _____

Nickname: _____

Birth date: _____

Gender: _____

School: _____

Medical history of Child

At how many weeks was your child born? _____

Were there any problems during the birth process?

Were there any delays in your child's milestone development? (bv. Sit, Crawl, walk)

Is your child currently receiving any form of therapy?

Additional information:

Information of Parent / Guardian

Relation: _____ Title: _____

Full name & surname: _____

Phone no: _____

Email address: _____

Kinderkinetics Sessions and Tariffs

Group sessions of 5 children – R200pm per child (includes 4 sessions pm)

Remedial session (Individual) – R80 per session

Baby massage and stimulation – R80 per session

Payment method

Internet payment

(Proof of payment must be emailed to: mariska@limitlesskids.co.za)

Bank details:

Capitec Bank

Acc no: 1478613384

Branch code: 470010

Savings account

Cash Payments

The following information must be on a sealed envelope – Full name & surname of your child, month of payment, amount.

Informed Consent

I, the parent / guardian _____ hereby give permission that my child may participate in the Kinderkinetics program as well as the evaluations needed. I accept that the kinderkineticist is not responsible for any injury obtained during a session, with consideration that the kinderkineticist will do everything in their ability to ensure the safety of your child.

I take full responsibility for the payments of my child's accounts for the sessions.

I hereby give permission that photos may be taken of my child during sessions for the webpage and facebook page.

(Optional)

Signature (Parent / Guardian)

Date

