



# LKC DAY CARE CENTRE

## APPLICATION FORM

P.O Box 403388  
Gaborone, Botswana  
Plot 37225, Block 8  
Extension 38, Gaborone

Tel (+267)3971607  
(+267) 3162208  
Fax :( +267)3161139  
Website: [www.lkc.ac.bw](http://www.lkc.ac.bw)  
email:lkcd daycarecentre@  
mail.com

### SECTION 1: APPLICANT INFORMATION

To be completed by parent, (Please print in black or blue ink)

Please Check the class the applicant is applying for:

Age 2<sup>+</sup>-3

Age 3<sup>+</sup>-4

Age 4<sup>+</sup>-5

<b>Surname:</b>	
<b>Other Names:</b>	
<b>Date of Birth:</b>	(day/month/year)
<b>Place of Birth:</b>	
<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/> (please check where appropriate)
<b>Nationality:</b>	

### CONTACT DETAILS

<b>Address of Correspondence:</b>		
<b>Residential Address:</b>		
<b>Date when admission required:</b>	<b>Admission to class:</b>	

### SECTION 2: Mother/Guardian

<b>NAME:</b>		
<b>Nationality:</b>	<b>ID Number:</b>	
<b>Name &amp; Address of Employer:</b>		
<b>Occupation &amp; Position held:</b>		
<b>Email address:</b>		
<b>Tel:(home)</b>	<b>Tel:(work)</b>	<b>Mobile:</b>
<b>Emergency Contact, Name &amp; Address</b>		

### Father/Guardian

<b>NAME:</b>		
<b>Nationality:</b>	<b>ID Number:</b>	
<b>Name &amp; Address of Employer:</b>		
<b>Occupation &amp; Position held:</b>		
<b>Email address:</b>		
<b>Tel:(home)</b>	<b>Tel:(work)</b>	<b>Mobile:</b>
<b>Emergency Contact, Name &amp; Address</b>		

This application form should be submitted to the bursar together with a non refundable **P300.00** registration fee to the office at Livingstone Kolobeng College between 07:00 hours and 17:00 hour's weekdays. Offices close at 16:30 hours on Fridays.

**Documents required for registration:**

1. Copy of birth certificate
2. Copy of parent ID/ passport
3. Two passport size photos.
4. Immunisation Card
5. Non-Nationals: Copy of residence permit & copy of parents work permit

NB: Please name any siblings you have schooling in LKC.....  
.....

**INDEMNITY**

IN THE CASE OF AN EMERGENCY, SHOULD THE TEACHER IN CHARGE OR THE PRINCIPAL OF THE SCHOOL BE UNABLE TO CONTACT EITHER THE DOCTOR OR THE PARENT(S) AS INDICATED ON THIS ADMISSION FORM, I AGREE TO THE PERSON IN CHARGE USING HER DISCRETION. I AGREE THAT **L K C DAY CARE CENTRE** BE INDEMNIFIED AGAINST ANY CLAIM THAT MAY ARISE FROM THE RESULT OF THE ACTION TAKEN ON HER PART EXCEPT WHERE SUCH INJURY, ILLNESS OR DAMAGE IS A RESULT OF THE UNLAWFUL AND INTENTIONAL NEGLIGENCE OF THE SCHOOL OR AN EMPLOYEE OF THE SCHOOL.

**I agree to all of the above**

Signature of the parent/ guardian: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

If your child has any chronic health problems give details below

\_\_\_\_\_

Family Doctor`s Name and Phone

Number \_\_\_\_\_

Medical Aid Name and Number

\_\_\_\_\_

Registration Fee Paid:	Receipt Number:	Date:
Class teachers's Comment	Principal's Comment	

**FOR OFFICE USE ONLY**

Date of Entrance Examination \_\_\_/\_\_\_/\_\_\_\_\_

REGISTRATION NO. \_\_\_\_\_