

MEANS TEST: CRÈCHES

NAME OF CRÈCHE:

1. Particulars of child

1.1. Name/Surname of child:.....

1.2. Date of Birth:.....

1.3. Does the child has birth certificate: Yes No

1.4. Residential Address
.....
.....
.....

2. Caregiver Particulars of (s)/Parent (s) Guardians

2.1 Name / Surname:.....

2.2 Address:.....
.....
.....

2.3 Identity Number:.....

2.4 Relationship to child Parent Caregiver Guardian

3. Income of parent /Caregiver/ Guardian

3.1 I certify that my/our monthly income is (mark with x):

No fixed income

Less than R1 500-00 per month.

More than R1 500, 00 per month

3.2 Are you in receipt of a Child Support Grant : Yes No

3.3 Are you in receipt of a Foster Care Grant? YES NO

I certify that information provided in this form is correct

Signature of parent/guardian/ caregiver

Name of parent/ guarding/caregiver: _____

Date _____

Official Stamp