

## ENROLLMENT FORM - CHILD IDENTIFICATION INITIATIVE

### CHILD'S DETAILS

FULL NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID NR: \_\_\_\_\_

SEX: **MALE** / **FEMALE** (Circle) HOME LANGUAGE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

FATHER / GUARDIAN (1)		MOTHER / GUARDIAN (2)	
FULL NAME		FULL NAME	
SURNAME		SURNAME	
ID NR		ID NR	
TEL (H)		TEL (H)	
TEL (W)		TEL (W)	
CELL NR		CELL NR	
CELL NR. 2		CELL NR. 2	
E-MAIL / E-POS		E-MAIL / E-POS	

**OTHER GUARDIANS:**

NEXT OF KIN/GUARDIAN 3		EMERGENCY CONTACT/FAMILY FRIEND	
SURNAME		SURNAME	
NAME		NAME	
ID NR		ID NR	
TEL (H)		TEL (H)	
TEL (W)		TEL (W)	
CELL NR		CELL NR	
CELL Nr. 2		CELL Nr. 2	
E-MAIL		E-MAIL	

**OTHER INFORMATION:**

DOES THE CHILD HAVE ANY MEDICAL CONDITIONS?

YES / NO (CIRCLE)

IF YES, PLEASE COMPLETE DETAILS BELOW:

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PROUD PARTNER:



PARENT / GUARDIAN CONSENT

I, ..... ID Nr.....

IN MY CAPACITY AS PARENT / GUARDIAN OF:

.....  
HEREBY CONSENT TO THE FOLLOWING

1. THAT MY CHILD'S IRIS PHOTOGRAPH AND DATA AS ABOVE, CAN BE CAPTURED AND SAFE GUARDED ON CHILDTRACE'S CIDI™ DATABASE
2. I UNDERSTAND THAT MY CHILD'S PHOTO AND DATA AS ABOVE WILL NOT BE UTILIZED BY CHILD TRACE FOR ANY COMERCIAL PURPOSES
3. IF MY CHILD GOES MISSING, I UNDERTAKE TO PHONE THE CHILD TRACE CALL CENTER IMMEDIATELY AND UNDERSTAND THAT AFTER VERIFICATION WITH MYSELF, CHILD TRACE WILL RELEASE MY CHILD'S PHOTO AND/OR INFORMATION TO ORGANISATICTIONS DEALING WITH CHILD SAFETY ACTIVITIES AT CHILD TRACE'S DISCRETION, IN ORDER TO HELP LOCATE MY CHILD.
4. I UNDERTAKE TO INFORM MY CHILD AT THE AGE OF 18 YEARS THAT HE/SHE CAN CONTACT CHILD TRACE TO REMOVE HIS/HER PHOTOGRAPH AND INFORMATION FROM THE "CHILD IDENTIFICATION INITIATIVE DATABASE" AND TO AS REGULARLY AS POSSIBLE SEE TO IT THAT MY CHILD'S PHOTO AND INFORMATION IS UPDATED ON THE DATA BASE .

SIGNED AT.....ON THIS.....DAY OF..... 20.....

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PARENT / GUARDIAN

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CHILD TRACE REPRESENTATIVE



PROUD PARTNER:

