APPLICATION FORM 202_____

Kindergarten Kidz montessori

PLEASE NOTE THAT THE FOLLOWING SUPPORTING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

COPY OF:

1. CHILD'S BIRTH CERTIFICATE
2. IMMUNISATION CARD
3. MOTHER/FATHER'S I.D.
4. REGISTRATION FEE

Surname:_____ Number of children in family:_____
Names:_____ Position in the family: (e.g. First)_____
_____ Birth certificate/ ID no.:_____
Sex:_____
Name by which learner is called:_____
Date of birth:_____
Home language:_____

Foster Care ☐ Adopted ☐ Orphan ☐ Legal Guardianship ☐ Authority ☐ (Use "**X**" to mark where applicable)

Parents / Guardians (Relationship to learner)	Father / Guardian	Mother / Guardian
Surname and Initials		
Marital status		
Occupation (***Full/ Part time***)		
Physical Address 		
Postal Address 		
Contact telephone numbers 	Home :	Home :
	Work :	Work :
	Cell :	Cell :

CONTACT PERSONS (***IN CASE OF EMERGENCY***)

Surname & Name : 1._____ 2._____
Phone / Cell : _____ _____
Physical address : _____ _____
_____ _____

FEES STRUCTURE

8:00am TO 12:30pm CLASSES_____(*PER MONTH*) / 8:30am TO 12:00pm CLASSES_____(*PER MONTH*)
N.B. AN ENROLLMENT FEE WILL BE PAYABLE UPON REGISTRATION. THIS FEE IS NON-REFUNDABLE.

SCHOOL FEES ARE DUE IN THE FIRST WEEK OF THE MONTH, OR TERM. FULL PAYMENTS IS DUE EACH MONTH IRRESPECTIVE OF THE NUMBER OF SCHOOL DAYS IN THE TERM. FEES ARE DUE IRRESPECTIVE OF WHETHER THE CHILD IS ABSENT FOR ANY REASON. THIS CENTRE WILL BE CLOSED ON ALL PUBLIC AND RELIGIOUS HOLIDAYS.

I,_____HEREBY UNDERTAKE TO PAY THE SCHOOL FEES ON OR BEFORE THE DUE DATE. I ALSO UNDERSTAND THAT A FULL CALENDER MONTH'S NOTICE, IN WRITING, IS REQUIRED AND THAT NOTICE WILL NOT BE ACCEPTED FOR THE END OF NOVEMBER OR DECEMBER OF ANY YEAR.

PHYSICAL CONDITION / MEDICAL HISTORY

Clinic card submitted: **YES** ☐ **NO** ☐	(Use "**X**" to mark where applicable)
Family Practitioner:	Tel. No.:
Allergies:	Vegetarian: **YES** ☐ **NO** ☐
Chronic Illnesses:	
Name of medical aid scheme (***if any***) :	
Medical Aid number :	
Name of member/ Card holder:	

IN THE INTEREST OF PROTECTING GENERAL HUMAN RIGHTS, THE CONFIDENTIALITY OF THIS DOCUMENT AND ITS CONTENT MUST BE UPHELD IN TERMS OF RELEVANT LEGISLATION.

AUTHORIZATION TO LEAVE

1. The following person/s are duly authorised to fetch the learner/s from school:

Name:_____ ID No:_____

Relationship to child: Parent ☐ Legal Guardian ☐ Other ☐

(If "**Other**", school to confirm with the Parents or Legal Guardian)

2. The following person/s are duly authorised to fetch the learner/s from school:

Name: ID No:

Relationship to child: Parent ☐ Legal Guardian ☐ Other ☐

(If "**Other**", school to confirm with the Parents or Legal Guardian)

I,_____ PARENT/GUARDIAN OF_____.

ACCEPT THAT ALL REASONABLE PRECAUTIONS SHALL BE TAKEN TO ENSURE THE SAFETY AND WELFARE OF MY CHILD AND THAT I SHALL BE HELD RESPONSIBLE FOR THE PAYMENT OF MEDICAL ACCOUNTS, WHERE APPLICABLE. THE MANAGEMENT AND STAFF OF KINDERGARTEN KIDZ SHALL TAKE ALL PRECAUTIONARY MEASURES TO ENSURE THAT THE PREMISES AND EVERYTHING THEY USE IS HYGIENICALLY CLEAN, AND THEY SHALL NOT BE RESPONSIBLE FOR ANY ILLNESS/INJURY/LOSS OF LIFE THAT MAY BEFALL MY CHILD, AS THIS BEYOND THEIR CONTROL. I CEDE MY POWER AS A PARENT/GUARDIAN TO THE PRINCIPAL OR HER REPRESENTATIVES SHOULD MEDICAL TREATMENT BE DEEMED NECESSARY FOR MY CHILD/WARD. TO THE BEST OF MY KNOWLEDGE HE/SHE IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE NORMAL SCHOOLING AND ABOVE RECREATIONAL ACTIVITIES AND IS IN GOOD HEALTH. HOWEVER, THE PERSON(S RESPONSIBLE SHOULD NOTE THE ABOVE MEDICAL HISTORY (***IF ANY***). .

I REALISE THAT NO CLAIM CAN BE MADE AGAINST KINDERGARTENKIDZ MONTESSORI NURSERY AND PRE-PRIMARY OR ITS STAFF FOR INJURIES SUSTAINABLE OR FOR ANY ARTICLES OF CLOTHING OR EQUIPMENT THAT MAY BE LOST OR DAMAGED.

SIGNATURES:

FATHER:_____ MOTHER_____

SIGNED AT_____ ON THIS_____ DAY OF_____

WITNESS 1._____ 2._____