



APPLICATION FORM

DOCUMENTATION TO ACCOMPANY THIS APPLICATION:

1. A copy of the child's birth certificate
2. A copy of both parents identity documents

Personal Information

Full name of child: _____

Date of birth: _____

Gender: _____

MOTHER'S DETAILS

Surname: _____

First name: _____

I.D number: _____

Postal address:

Physical address:

Home number: _____

Work number: _____

Cell number: _____

Email address:

Occupation: _____

FATHER'S DETAILS

Surname: _____

First name: _____

ID number: _____

Postal address:

Physical address:

Home number: _____

Work number: _____

Cell number: _____

Email address:

Occupation: _____

Please tick the box that applies to the child:

Lives with both parents

Lives with mother

Lives with father

Joint custody

Parents divorced

Parents separated

Mother deceased

Father deceased

Single parent

Mother remarried

Father remarried

Lives with relative

MEDICAL PARTICULARS

Allergies & Medical Condition (if applicable):



Name of Family Doctor: _____ Dr.'s Telephone number: _____

Attendance and Payment Details

Will your child be attending? (Tick appropriate box)

Half day (8:00 to 12:30)

Full day (8:00 to 17:00)

Beginning of each month X 12 months Half Day @ R1050 per month

Beginning of each month X 12 months Full Day @ R1550 per month

Payment type (preferably EFT)

Cash

EFT

Please note that the aforementioned agreed upon amount is worked out for a 12 month period. Therefore you are liable for fees each month that your child attends school no matter how many days there may be left in that month, especially the holiday months i.e. July & December. We still have to meet our monthly commitments viz. Salaries, rent, etc.

Banking details are as follows: First National Bank - Savings Account
Florida Branch - 250655
Acc number: 62167105850

Emergency Form

In case of emergency or in the event of injury parents will be notified.
In the event that parents cannot be contacted, please furnish us with details of two other responsible persons to contact:

1. Name: _____
Cell number: _____
Home number: _____
Work number: _____
Relationship: _____

2. Name: _____
Cell number: _____
Home number: _____
Work number: _____
Relationship: _____

Please ensure that these details are kept up to date.

Also attach a valid copy of your medical aid card. This is to ensure, should the need arise, that your child will be taken to a private hospital. If this documentation is incorrect or invalid, your child will be taken, by the emergency services to a government hospital.



I _____ give permission for treatment of my child _____ by a qualified medical doctor, if necessary.

Medical aid: _____

Medical aid number: _____

Principle member's name: _____

I agree that I will be liable for medical costs relating to the injury or illness concerning my child.

Signature: _____ Date: _____

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Indemnity Form

I, _____, being the parent or legal guardian of _____, acknowledge that whilst my child is attending Smart Kids Montessori Pre-School, the staff will at all times use its best endeavours to ensure the safety and well being of my child.

I irrevocably nominate, constitute and appoint Naseegha Hendricks to act in loco parentis on my behalf and in her discretion to take such steps as are necessary, including procuring medical or other assistance for and on behalf of the aforementioned child at my sole expense and obligation.

Signature of parent or Legal guardian

Date

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Contract of Agreement

I, the undersigned, _____ hereby give permission for, my child, _____ to attend Smart Kids Montessori Pre-School.

School Fees

1. I will be invoiced on a monthly basis with the agreed amount.
2. School fees are payable in advance for the month ahead.
3. I agree to pay school fees by the 1st day of every month.
4. School fees may increase annually & I will be notified accordingly.
5. No refund will be given for any absences during the month.

School Hours

1. I agree to the school hours that I have chosen for my child.



2. Should my child require aftercare I will let the staff of Smart Kids Montessori Pre-School, and will then be charged a fee of R50 per afternoon.
3. School closes at 12:30 (Half day) or 17:00 (Full day). Special arrangements to be made with the school should I be running late.

Additional Costs

1. On acceptance at Smart Kids Montessori Pre-School, a registration fee of R650 will be required, to be paid in full by the end of November 2015. This shall secure a place for your child for the agreed date. This fee will be forfeited in the event of the place being forfeited.
2. To keep up with the Montessori quality, standard and uniformity we hereby request that all parents pay R450 contribution towards our stationary & toiletry costs, due when school opens.

Notice Period

1. I undertake to give one terms notice, in writing, of my intention to remove my child from Smart Kids Montessori Pre-School.
2. I acknowledge that no notice will be accepted after October. I agree to pay the full terms notice if I do remove my child from the school between October & December.

General

- I have read through the guidelines and daily programme & acknowledge its contents.
- I declare all information contained within the application and emergency forms to be accurate.
- I undertake to abide by the rules of Smart Kids Montessori Pre-School at all times and do not hold the school or personnel responsible/liable for any accidents whereby my child may be injured/hurt during school hours.
- Smart Kids Montessori Pre-School undertakes all the necessary precautions to ensure your child's safety and well being at all times.
- Smart Kids Montessori Pre-School also requests your permission to take your child on arranged outings from time to time. Notifications of outings will be given prior to the event.

Signature of parent or Legal guardian

Date

Thank you for your support & co-operation.

NASEEGHA HENDRICKS
Directress

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