



## **ENROLMENT FORM**

Please complete the following form if you wish to enrol your child. **Note that the signature of both parents is required on the declaration where applicable. Alternatively, the legal guardian may sign.**

Date of expected enrolment: \_\_\_\_\_

**Note that we will require a copy of your child's birth certificate and immunisation card**

CHILD'S NAME:	SURNAME:
DATE OF BIRTH:	HOME LANGUAGE:
<b>FATHER DETAILS</b>	<b>MOTHER DETAILS</b>
NAME AND SURNAME:	NAME AND SURNAME:
RESIDENTIAL ADDRESS:	RESIDENTIAL ADDRESS:
HOME TEL NO:	HOME TEL NO:
CELLULAR NO:	CELLULAR NO:
IDENTITY NUMBER:	IDENTITY NUMBER:
OCCUPATION:	OCCUPATION:
EMPLOYER/NAME OF BUSINESS:	EMPLOYER/NAME OF BUSINESS:
BUS TELEPHONE NO:	BUS TELEPHONE NO:
E-MAIL ADDRESS:	E-MAIL ADDRESS:
MARITAL STATUS OF PARENTS:	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	
PLEASE TICK ONE OF THE FOLLOWING OPTIONS:	
<input type="checkbox"/>	FULL DAY
<input type="checkbox"/>	THREE QUARTER DAY
<input type="checkbox"/>	HALF DAY
<input type="checkbox"/>	CASUAL DAY

NAME OF PERSON/S BRINGING AND FETCHING CHILD:	
NUMBER AND AGES OF CHILDREN IN FAMILY:	
NAME, ADDRESS AND TELEPHONE NO OF FAMILY DOCTOR:	
MEDICAL AID:	MEDICAL AID NO:
NAME & TELEPHONE NO OF FAMILY MEMBER/FRIEND:	

### **MEDICAL INFORMATION**

	Yes/No	Detail
DOES YOUR CHILD SUFFER FROM ANY ALLERGIES		
DOES YOUR CHILD SUFFER FROM ECZEMA		
IS YOUR CHILD ON PERMANENT MEDICATION		

## **PERSONALISING YOUR CHILD'S EXPERIENCE WITH US**

We would like to ensure that your child receives personalised attention with us. Please give us some insight into their current routine as well as any other information that you think will make their stay with us a comfortable and happy one. The following guidelines can help. Please chat to us if you would like more info.

### **Sleep patterns**

Does your child still have an afternoon nap? If so, should we limit the amount of time? We generally don't allow them to sleep longer than two hours or it can disrupt their sleep patterns at night.


### **Eating habits**

Is your child a "good eater" or are they fussy and avoid certain foods? Do they have any food allergies?


### **Medical**

If your child has any specific medical requirements/allergies etc. please ensure that you notify us. Please also take note of our first aid procedure and ensure that you are in agreement.


If your child is on medication, please record it in the medicine register, and ensure that the caregiver on duty signs it off.

## **LEGAL AGREEMENT**

1. I/We declare that all particulars furnished by me/us on and attached to this form are true and correct.
2. I/We hereby certify that I/we have legal custody and/or guardianship in respect of the child, \_\_\_\_\_ (child's name).
3. I/We hereby agree to:
  - acknowledge the authority of the Principal and the teachers;
  - ensure that my child's personal belongings are adequately marked and accept that while every reasonable effort will be made to prevent losses or damage to his/her belongings, the School cannot be held liable for such;
  - reimburse the School for any damage to school property that may be caused by my child, if done with malicious intent;
  - take responsibility for ensuring that my child is adequately insured against personal injury or related risks;
  - jointly and severally undertake to pay the stipulated school fees as amended and communicated from time to time and I/we fully understand the following:
    - I/we undertake to pay all legal costs, including attorney/client fees and collection costs incurred by the school in the event of the school having to take legal action for the recovery of school fees.
    - Fees are due and payable in advance over twelve monthly installments by the first day of each month, unless other arrangements have been made.
    - If payment is not received by the 7th day of the month following due date for payment, the school reserves the right to charge interest on all overdue amounts at the rate of 25% p.a.
    - I/we undertake to notify the Principal, in writing at least one calendar month in advance, in the event of my child/ren leaving the school.
    - I/we understand that the notice period must run from the 1<sup>st</sup> to the last day of the month and that notice will not be accepted with an effective date of 1 November.
    - I/we understand that the school will not be held responsible for any refund of fees in case of a forced closure as a result of, but not limited to, any natural disaster, riot, war, health pandemic, etc. and that fees will be due in full for this period unless the contract is terminated in writing with the appropriate notice.
4. I/we do hereby irrevocably indemnify the school and it's staff against any liability whatsoever in respect of any injury which may be sustained by my child on the school premises or as a result of either direct or indirect participation in any activity initiated by the school and its staff.
5. Whilst involved in school activities, I/we authorise the Principal (or appointed staff member) to act in loco parentis, including granting consent for medical treatment in the case of an emergency, once all reasonable efforts to contact the child's parents have been made;
6. I/We understand that the School reserves the right to verify all information supplied herein and to take appropriate legal steps in the event of misinformation;
7. I/We accept responsibility for immunising my child/children against contagious diseases and normal infections, and shall produce proof thereof if required to do so;
8. This commitment in its entirety will be valid from the day on which it is signed by the parents or guardian to the day on which the pupil officially leaves the School.
9. I/We declare that I/we am/are entitled to sign this document, fully understand its contents and shall be bound hereto both as parent/guardian, and in my/our personal capacity.

Mother's Full Name: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Full Name: \_\_\_\_\_

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **PERMISSION TO PUBLISH IMAGES OF STUDENTS AND STUDENTS' WORK**

Dear parent/guardian,

We hereby request your permission for the school to publish video or photographic images and/or samples of your child's work taken during school activities.

If you give permission, the school may publish the images internally, on school chat groups, in online and hard copy school newsletters, public Internet websites, social media platforms and local newspapers. Once published internally or externally, third parties would be able to view and distribute the photographs and work.

By signing the attached consent form you agree to the following:

- The school will only publish the first name of the student if at all. Family names will not be revealed.
- The images or work samples would be used for the purpose of educating students, promoting the school or promoting public education.

Please complete the consent form below and return it to the school as soon as possible.

This consent, if signed, will remain effective until such time as you advise the school otherwise.

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### **CONSENT FORM**

I agree to the videoing or photographing of my child during school activities for use by the school for the purposes of communication and promoting of the school.

I also agree to the publication of these images or samples of work of

\_\_\_\_\_ (insert child's name) in ways including, but not limited to, school chat groups, public websites, social media platforms or school newsletters (print and online), magazines and the local newspaper.

I will notify the school if I decide to withdraw this consent.

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***Signature of parent/guardian***

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***Date***