

Little Angels

Montessori



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Application for enrolment

INFORMATION SUPPLIED ON THIS DOCUMENT WILL BE TREATED AS HIGHLY CONFIDENTIAL

Please use block letters

Particulars of pupil

First Name _____
Surname _____
Date of birth _____
Religion _____
Position in family (1st, 2nd) _____
Family Doctor _____
Doctor's Contact details _____
Medical Aid _____
Membership Number _____

Any relevant information pertaining to the child's
medical history such as family illnesses, previous
illnesses or allergies _____

Vaccinations _____
Previous school attended _____
(Kindly supply a copy of last report).

Particulars of Mother

First names _____
Surname _____
I.D. Number _____
Marital Status _____
Residential address _____

Postal address _____

E-mail _____
Telephone numbers (h) _____
(w) _____
(c) _____
Occupation _____

Particulars of Father

First names _____
Surname _____
I.D. Number _____
Marital Status _____
Residential address _____

Postal address _____

E-mail _____
Telephone numbers (h) _____
(w) _____
(c) _____
Occupation _____

Particulars in case of an emergency

Which parent should be contacted _____
Alternative contact person _____
Relationship to child _____
Telephone numbers (h) _____
(w) _____
(c) _____
Are there any special requests regarding your child?

Will you be using our aftercare facilities _____
General remarks

DECLARATION

We, _____ being the undersigned, do hereby subscribe to the payment of a non-refundable registration/placement fee of R2500 in favor of the Little Angels Montessori School, subject to the following conditions:

1. Payment in full can be made by direct deposit to 'Little Angels Montessori School'.
2. This form must be accompanied by the abovementioned administration fee.
3. A receipt issued by Little Angels Montessori School for the amount paid shall be sufficient proof of my having complied with the terms and conditions hereof.
4. Any rights obtained by me or my successors in title in terms hereof shall not be capable of being ceded or assigned to any other person or entity and shall not be capable of attachment by any creditor of mine.

GENERAL

1. We, _____, being the undersigned, do hereby consent to the person in charge acting 'in loco parentis' whilst _____ attends Little Angels Montessori School or attends extra-mural activities or aftercare at the school.
2. We, the undersigned, fully understand and accept that whilst every precaution will be taken to prevent such, neither management or staff may be held responsible for any sickness or injury involving our child while our child attends Little Angels Montessori School or extra-mural activities or aftercare.
3. We, the undersigned, fully understand and accept that all tours and excursions shall be undertaken at the pupil's own risk and we hereby absolve Little Angels Montessori School and its staff from all claims whatsoever that may arise in connection with any loss or damage to property or injury to the person of the pupil aforesaid in the course of such tour, arising there from.
4. School fees are payable in advance by cash, EFT or stop order. All payment is to be made before the first day of the first month of every term (in respect of payments made per term) or before the first day of the relevant month (in respect of payment made per month). Should fees not be paid in full by the 7th of the month your child will be suspended from attending Little Angels Montessori School.
5. No subtraction of fees will be taken into consideration because of illness or school holidays. Extra-mural fees are payable as above.
6. One term's notice, in writing, is required before removing your child from our school, or payment in lieu thereof will be required.
7. Right of admission is strictly reserved. We further reserve the right to have the child removed from Little Angels Montessori School if we consider it to be in the interest of the child or in the interest of the other children at Little Angels Montessori School. No correspondence will be entered into.
8. All monies payable can be paid into the following account:
First National Bank
Account number: 62437120314
Account type: Cheque
Branch code: 250655

Signed at _____ on this _____ day of _____ 20_____.

Parents' signatures

Mother: _____ Print Name: _____

Father: _____ Print Name: _____