

Little Simmies

DAYCARE • DAGSORG

APPLICATION FOR ADMISSION

Age Group applying for:

2-3 year olds 3-4 year olds 4-5 year olds

The following documents need to accompany this enrolment form:

Child's birth certificate Child's vaccination record

PERSONAL INFORMATION

Child:

Full names: _____ Preferred Name: _____

Surname: _____ ID Number: _____

Date of Birth: _____ Gender: Boy Girl

Home Language: _____ Language of learning: _____

Nationality: _____ Religion: _____

Medical Details:

Doctor Name: _____ Doctor Telephone Nr: _____

Medical Aid Name: _____ Member Nr: _____

Main Member: _____

Has the child received all the necessary immunisations? If no, please provide reason:

Yes No Reason: _____

Does the child suffer from any allergies? If yes, please provide details:

Yes No Details: _____

Does the child have/suffer from any special medical needs? If yes, please provide details:

Yes No Details: _____

Medical Consent:

In a critical medical situation the school reserves the right to utilize the quickest medical service available.

Hereby I, _____, parent / guardian of _____
Agree that a medical practitioner may provide emergency treatment as necessary.

Signature of parent / guardian: _____

Details of mother / legal guardian:

Surname: _____ Full Names: _____

Title: _____ ID Number: _____

Relationship with child: _____ Marital Status: _____

Occupation: _____ Employer: _____

Home Address: _____

Postal Address: _____

Tel (H): _____ Tel (W): _____ Cellphone: _____

Email Address: _____

Details of father / legal guardian:

Surname: _____ Full Names: _____

Title: _____ ID Number: _____

Relationship with child: _____ Marital Status: _____

Occupation: _____ Employer: _____

Home Address: _____

Postal Address: _____

Tel (H): _____ Tel (W): _____ Cellphone: _____

Email Address: _____

Details of Additional Contact:

Surname: _____ Full Names: _____

Relationship with child: _____

Tel (H): _____ Tel (W): _____ Cellphone: _____

Email Address: _____

We, the undersigned, _____, hereby certify that the information given by us in this Application for Admission is complete and accurate.

We also agree to the conditions as set out herein. We accept that the School is based on Christian principles and undertake that this will not be undermined.

Signature of mother / guardian: _____ Date: _____

Signature of father / guardian: _____ Date: _____

ACCOUNT HOLDER INFORMATION

Details and declaration of the account holder:

Surname: _____ Full names: _____

Title: _____ ID number: _____

Relationship with child: _____

Please note the following payment terms:

- Fees are payable monthly in advance on or before the 4th of every calendar month
- Fees can also be paid annually in advance on or before the 31st of December
- The school reserves the right to charge interest on all accounts in arrears for 30 days or longer
- Fee increases will take place each year in January
- The enrolment fee is a once-off and non-refundable fee
- If the account holder neglect to pay the account, the school may refuse the child access to the school
- Notice: The account holder undertakes to give 30 calendar days' notice of termination of the enrolment of the child, failing which the liability be occurred for the full amount of the following month's fee
- Notice of termination will not be allowed during the month of November.

I, the undersigned, _____, hereby certify that the information given by the account holder in this application for admission is complete and accurate.

I accept full responsibility and liability for the punctual payment of the once-off non-refundable enrolment fee as well as the punctual payment of Simond Private School monthly school fees.

Signature of account holder: _____ Date: _____

GENERAL INDEMNITY

Simond Private School undertake to implement reasonable and generally acceptable measures with regard to the safety and well-being of all children, educators and visitors to the school. Simond Private School do not accept any responsibility for accidents that may take place in the class or on the school terrain.

Please complete the following:

Herewith I, _____, parent/legal guardian of _____ indemnify Simond Private School of any losses or damage in general whilst participating in school activity, except if such loss or damage arises as a consequence of the gross negligence or wilful misconduct of the school.

Signed at _____ on _____ (date)

Parent/legal guardian

Witness 1

Witness 2

PERMISSION TO USE PHOTOS

I understand and acknowledge that, from time to time, informal photographs are taken of the school and it's children. Hereby I give permission that these photos may be used in electronic or print media which has been approved by Simond Private School.

Parent/legal guardian