



Nursery School Application

Child

Name	<input type="text"/>	Surname	<input type="text"/>	First name	<input type="text"/>
Date of birth	<input type="text"/>	Position in family	<input type="text"/>	of	<input type="text"/>
<input type="checkbox"/> Boy	<input type="checkbox"/> Girl				

Home Address	<input type="text"/>	Postal Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code <input type="text"/>		Code <input type="text"/>

Name of previous school	<input type="text"/>
-------------------------	----------------------

Payment

<input type="checkbox"/> Middle of the month	<input type="checkbox"/> End of the month
<input type="checkbox"/> Including holidays	<input type="checkbox"/> Excluding holidays

Medical details of child

Please indicate if your child had any of the following:

<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Scarlet fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Whooping cough			

Is there any condition or problem concerning your child that you want to draw our attention? Please describe.

<input type="text"/>
<input type="text"/>

Are you aware of any hereditary or congenital condition regarding your child? Please describe.

<input type="text"/>
<input type="text"/>

Further information

Details of Mother

Marital status	<input type="text"/>	I.D. Number	<input type="text"/>
Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>	Occupation	<input type="text"/>
Tel. Home	<input type="text"/>	Tel. Work	<input type="text"/>
Cell	<input type="text"/>	Email	<input type="text"/>
Home address	<input type="text"/>	Postal address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code <input type="text"/>		Code <input type="text"/>

Details of Father

Marital status	<input type="text"/>	I.D. Number	<input type="text"/>
Initials	<input type="text"/>	First name	<input type="text"/>
Surname	<input type="text"/>	Occupation	<input type="text"/>
Tel. Home	<input type="text"/>	Tel. Work	<input type="text"/>
Cell	<input type="text"/>	Email	<input type="text"/>
Home address	<input type="text"/>	Postal address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	Code <input type="text"/>		Code <input type="text"/>

Details of Emergency Contacts

Initials and Surname	<input type="text"/>	Relationship	<input type="text"/>	Tel	<input type="text"/>
Initials and Surname	<input type="text"/>	Relationship	<input type="text"/>	Tel	<input type="text"/>
Initials and Surname	<input type="text"/>	Relationship	<input type="text"/>	Tel	<input type="text"/>

Details of Doctor

Initials and Surname	<input type="text"/>	Tel	<input type="text"/>
----------------------	----------------------	-----	----------------------

Conditions of entry

1. Written notice of one calendar month is required for the months of January to October. No notice will be accepted for the months of November and/or December. All fees have to be paid in advance before or on the 3rd of every month. Penalties of 15% will be charged for outstanding fees. Fees are payable even if your child is absent due to illness or holidays. The normal fee is payable for December.

A once off registration fee is payable on admission.

2. Please mark all of your child's possessions clearly e.g. clothes, bag, lunch box etc. We accept no responsibility for lost unmarked items.
3. School hours are from 6h30 to 17h30. Penalties are payable for late collection.
4. Please leave your child in the care of a teacher and pick up your child inside from a teacher. For your child's safety please do not leave him/her at the gate. Please lock the gate when leaving the premises. Do not open or let any adult enter with you. It may not be a parent!
5. Half day children should be picked up no later than 13h00. If not possible please make the necessary arrangements with the school. Fees will be adjusted accordingly.
6. Please make the necessary arrangements if someone other than yourself is picking up your child. No child will be allowed to leave the premises without a written notice from the parents.
7. The school or personnel cannot be held responsible for any accident or illness your child may occur.
8. Parents accept that all reasonable precautions will be taken to ensure the safety and wellness of their children. Parents will be held responsible for all medical and/or hospital bills where applicable. Parents hereby give permission that your child may be transported to the nearest medical facility in case of an emergency. Parents will be telephonically informed beforehand.
9. All medications must be written in the medicine book. Please do not leave medicine in your child's bag. Please place in the appropriate container.
10. Every child should have a bag for his/her belongings. Please check the message books daily for any messages.

11. Full day children need a mattress cover to sleep on. Covers can be bought at school.
12. All cash fees must be given to the personnel in person. Please make sure that you receive a receipt.
13. Please inform the school if your telephone number or address changes. We need this in case of an emergency.
14. Please provide copies of the following documents :
 - Identity documents of both parents
 - Child's birth certificate
 - Child's immunization records
 - Medical aid card
15. The school board retains the right of admission.

Signature of parent

Date