



For office use:

Grade applied and accepted for: _____

Surname: _____

Child's first name: _____

Child's date of birth: _____

Cell: _____ (mother)

Cell: _____ (father)

Alternative contact number: _____

Home address: _____

Email address: _____ (mother)

Email address: _____ (father)

Occupation of parents:

Father: _____

Mother: _____

Marital status: _____

If separated, who does the child reside with: _____

Father's name: _____

Father's Company Name: _____ (if self-employed please state business)

Father's Company Address: _____

Father's Company Tel: _____

Mother's name: _____

Mother's Company Name: _____ (if self-employed please state business)

Mother's Company Address: _____

Mother's Company Tel: _____

Father's ID or passport no: _____ (please attach a copy to this application)

Mother's ID or passport no: _____ (please attach a copy to this application)

Person responsible for payment of fees: _____

Person who can be contacted in case of an emergency:

Name: _____

Relationship: _____ (please attach a copy of ID to this application)

Home/cell no: _____

Work telephone: _____

Language spoken at home: _____

Religion: _____

Date your child to start: _____

Administration Fee paid: _____ (please attach proof of payment to this application)

Stationery Levy paid: _____ (please attach proof of payment to this application)



FEES AND NOTICE

I, /we the undersigned, do hereby agree to pay the undernoted regulations:
Upon acceptance of my child at Little Leaders Pre School to pay:

1. Administration Fee

An administration fee of R1100.00

Fees on a monthly basis for 12 months unless there is a WRITTEN agreement between the school and myself stating otherwise.

In the event that it shall be necessary to enforce this contract or collect any other debt due to the school by the undersigned with the service of an attorney, and or listing through Accountability and listing with TransUnion Approved Partner I/we agree to bear all costs incurred by the school

- A 6% discount has already been deducted from the annual fees; if they are not paid in full by the end of every year then I agree to pay pursuant to the termly fee structure and failing that to the monthly structure.
- The school shall have the right to with hold any and all services to the Learner or dismiss the Learner without notice should the undersigned not pay their fees on the due date.
- Fees are paid in total of the agreed amount. Deductions WILL NOT be made for the days that the learner does not attend the school.

2. Notice

I agree to give one (1) full terms written notice before withdrawing my child from Little Leaders Pre School, otherwise fees in lieu of notice will be charged.

3. Rules and Regulations

I/we understand and agree to comply with all the rules and regulations of the school. Failure to comply with the school rules and regulation of Little Leaders will result in the termination of this contract without notice. The school reserves the right to make any changes to the rules and regulations with or without notice if deemed necessary.

Signed at _____ on the _____ day of _____ 20

Father/Guardian name printed: _____

Signature _____

Mother/Guardian name printed: _____

Signature: _____

Please note that NOTICE will NOT be accepted during the months of NOVEMBER or DECEMBER or JANUARY of any given year.

Please submit a copy of both parent's ID documents

The school reserves the right to conduct a credit check on new applications made

The school reserves the right to collect monies outstanding and all costs, legal or otherwise will be levied to the outstanding amount owing



MEDICAL FORM

Name of Pediatrician:

Telephone number:

Name of Doctor:

Telephone number:

Medical aid name:

Medical aid number:

Any allergies and reactions:

Other:

Test / evaluations:

Please attach any assessments, pediatrician reports and medication schedules to this application form.

I hereby authorize the principal, teachers, or assistants to seek any medical attention/advice, which my child may require, when the Pediatrician/family doctor or we cannot be contacted.

Name of parent: _____

Signature of parent: _____

Date: _____

Name and telephone number of a person/s who can be contacted in case of emergency:

A copy of child's birth certificate and immunization card must be handed to the school. This is a requirement of the Health Department.

If possible, please may we have a copy of your child's previous report or doctors' assessments?

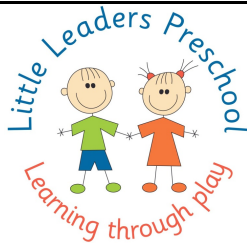
Can we administer medication to our child in the case of a fever? _____

Please stipulate the type of medication: _____

It must be noted that should your child become sick at school during the day, we will make telephonic contact to request permission to administer fever medication. If telephonic contact cannot be made, written permission (as per your enrolment form) will be used.

Parents Signature _____

A copy of your child's BIRTH CERTIFICATE and UPDATED immunization card must be handed to us
No antibiotics will be administered at school
All medications to be clearly noted and marked and dropped in the office on arrival at school



CONSENT AND INDEMNITY IN FAVOUR OF LITTLE LEADERS PRE SCHOOL

I, _____ (full name) _____

ID number: _____

Physical address _____

The parent/guardian of _____

Hereby give consent for my son or daughter to take part in any activities of the school while on the school premises or any such place where such activities are engaged in, and to make use of the educational and play equipment at the school. This includes extra mural activities that I have willingly enrolled my child in that are conducted on the school property by their independent service providers and their staff members. These service providers have to the best of my knowledge cleared their staff to work with children. The school has cleared all its employees with the department of social development as well as the South African police services and all certificates are on hand.

I fully understand and accept that all school activities of the school shall be undertaken at my son/daughter and my own risk and I undertake on behalf of myself, the executors of my estate, my spouse, and my child aforesaid, to indemnify, hold harmless and absolve the school, the owner, principal, teachers and paid or unpaid assistants against and from any claims whatsoever that may arise in connection with any loss and damage to the property, or injury, illness or death to the person of my child aforesaid in the course of an excursion or school activity not withstanding that the owner, principal, teachers and paid or unpaid assistants will nevertheless take all reasonable precautions for the safety and welfare of my child.

Name of parent: _____

Signature of parent/guardian _____

Witness _____

Dated _____

Place _____

Please note

An original copy of your child's enrolment form must be handed in into the school. Copies of the enrolment form which have been altered from the original will not be accepted.

Please make a copy of this contract for your reference.