



APPLICATION VERIFICATION

SIGNATURE OF PARENTS/LEGAL GUARDIAN AND/OR ACCOUNT HOLDER

We, the undersigned _____, hereby
 Certify that the information provided in the Application for Admission form is complete and true. We acknowledge that enrolment is subject to, inter alia, signing a School Contract that contains the detailed terms, conditions, and codes of conduct for Teddy Bears Montessori Preschool.

We hereby authorise the school and/or any of its associates to conduct any credit enquiries on us as may be necessary from time to time. We acknowledge that we have read and understood the Parent Handbook hard copy or found on the website www.teddybearsmontessori.co.za Fee Structure, Code of conduct, and will accept a position at Teddy Bears Montessori Preschool in accordance with the terms and conditions as stated therein. This document as amended from time to time, is available from the office or uploaded on our website.

 Signature of person responsible for account

 Relation to child

 Date

 Signature of other parent

 Relation to child

 Date



MEDICAL CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE CHILD'S RECORDS. THE SCHOOL, THEREFORE RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE.

I, _____ BEING THE PARENT/LEGAL GUARDIAN OF _____

HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY MEDICAL TREATMENT AS IS NECESSARY, I ALSO UNDERSTAND AND AGREE THAT ANY COSTS INVOLVED WILL BY MY RESPONSIBILITY.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

DATE Y Y Y Y M M D D



APPLICATION FORM FOR ADMISSION

CHILD'S NAME AND SURNAME _____

MONTH AND YEAR APPLIED FOR _____

AGE GROUP APPLIED FOR

18 month – 3 yrs	3years – 6 years
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IMPORTANT

This Application for Admission will only be processed if ALL fields are completed legibly are signed and ALL necessary supporting documents and photos are attached.

SUPPORT DOCUMENTS COMPLETED SECTIONS, FORMS AND PHOTOS REQUIRED

- | | |
|---|---|
| <input type="checkbox"/> Copy of child's Birth Certificate of ID document
<input type="checkbox"/> Copy of child's latest School Report
<input type="checkbox"/> Copy of child's Vaccination Records
<input type="checkbox"/> Copy of child's Residence permit, if foreign | <input type="checkbox"/> Copy of Parent's/Legal Guardians ID Documents
<input type="checkbox"/> Sections 1-10 completed and signed
<input type="checkbox"/> 2 x coloured ID size photos of child (recent) |
|---|---|

Attach a colour photo of child here

Application date _____

Interview date _____

Notes _____

Approved by _____

Date _____

Start date _____

Class _____

Family code _____

Siblings at the school

1. _____

2. _____

SECTION 1 – CHILD'S PERSONAL DETAILS

SURNAME _____ FIRST NAME _____

PREFERRED NAME _____ ID no.

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DATE OF BIRTH YYYY-MM-DD AGE _____ GENDER MALE FEMALE

HOME LANGUAGE _____ OTHER LANGUAGE/S _____

NATIONALITY _____ COUNTRY OF ORIGIN _____ IMMIGRATION DATE _____

RACE Black Coloured Indian White Asian

RELIGION _____ RESIDENCE WITH BOTH PARENTS WITH ONE PARENT WITH GUARDIAN

NUMBER OF CHILDREN IN THE FAMILY _____ POSITION OF CHILD IN THE FAMILY _____

SECTION 2 – CHILD'S EDUCATION DETAILS

CURRENT SCHOOL _____

TEL NO. _____

PRINCIPAL _____

SCHOOL ATTENDED _____

PREVIOUS SCHOOL _____

TEL NO. _____

PRINCIPAL _____

SCHOOL ATTENDED _____

HAS ADMISSION TO ANY OTHER SCHOOL/S EVER BEEN REFUSED YES NO

IF YES, PLEASE STATE REASON _____

PRIMARY SCHOOL YOU INTEND YOUR CHILD TO ATTEND _____

PREVIOUS EXTRACURRICULAR INVOLVEMENT

SECTION 3 – CHILD’S MEDICAL DETAILS

FAMILY DOCTOR NAME _____ TEL NO. _____

ADDRESS _____

MEDICAL AID NAME _____ MEMBER NO. _____

MAIN MEMBER _____ ID NO. _____

PLAN _____ DEPENDANT CODE _____

PREFERRED HOSPITAL IF TIME ALLOWS FOR DECISIONS _____

HAS THE CHILD RECEIVED ALL THE NECESSARY IMMUNISATIONS? YES NO

IF NO, PLEASE STATE THE REASON _____

HAS YOUR CHILD SUFFERED FRM ANY OF THE FOLLOWING ILLNESSES? PLEASE INDICATE WITH AN X.

ASTHMA
CHICKEN POX
DIABETES
DIPHTHERIA
ENTERIC/TYPHOID FEVER

GERMAN MEASLES
HEPATITIS
MALARIA
MEASLES
MUMPS

POLIO
RHEUMATIC FEVER
SCARLET FEVER
TICKBITE FEVER
WHOOPIING COUGH

MEDICAL CONSENT

IN A CRITICAL MEDICAL SITUATION, PLEASE BEAR IN MIND THAT THERE MAY NOT BE TIME TO REFER TO THE CHILD’S RECORDS. THE SCHOOL, THEREFORE, RESERVES THE RIGHT TO UTILISE THE QUICKEST MEDICAL SERVICE AVAILABLE. I, _____ BEING THE PARENT/LEGAL GUARDIAN OF _____

I ALSO UNDERSTAND AND AGREE HEREBY AGREE THAT A MEDICAL PRACTITIONER MAY PROVIDE EMERGENCY MEDICAL TREATMENT AS IS NECESSARY. I ALSO UNDERSTAND AND AGREE THAT ANY COSTS INVOLVED WILL BE MY RESPONSIBILITY.

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

DATE YYYY - MM - DD

SECTION 3 – CHILD’S MEDICAL DETAILS (CONTINUED)

PLEASE ANSWER ALL THE QUESTIONS BELOW. IF YOU ANSWER YES TO ANY QUESTION, PLEASE GIVE DETAILS.

ANY COMPLICATIONS DURING PREGNANCY? _____

DID THE PREGNANCY GO TO FULL TERM? _____

ANY COMPLICATIONS BEFORE, DURING, OR AFTER THE BIRTH? _____

BLOOD TYPE

0+	0-	A+	A-	AB+	AB-	B+	B-	UNKNOWN
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DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? _____

DOES YOUR CHILD HAVE ANY SPECIAL MEDICAL NEEDS? _____

HAS OR DOES YOUR CHILD SUFFER FROM ANY OTHER ILLNESSES OR DISEASES? _____

IS YOUR CHILD RECEIVING ANY MEDICAL TREATMENT FOR ANY CONDITION? _____

HAS YOUR CHILD HAD ANY OPERATIONS OR SURGERIES? _____

ANY OTHER INFORMATION YOU FEEL WE SHOULD KNOW? UNUSUAL FAMILY SITUATIONS? RELIGIOUS REQUIREMENTS?

SECTION 4 – DETAILS OF PARENT WHO IS RESPONSIBLE FOR THE ACCOUNT

SURNAME _____ FIRST NAME _____

PREFERRED NAME _____ ID no.

--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH YYYY-MM-DD DESIGNATION

MR R R	MRS R R	MS	DR	PROF	
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OTHER RELATIONSHIP TO CHILD _____ MARITAL STATUS _____

RACE

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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OCCUPATION _____ EMPLOYER _____

RESIDENTIAL	POSTAL ADDRESS	WORK ADDRESS

HOME TEL _____ CELL _____ WORK TEL _____

EMAIL ADDRESS _____

SECTION 5 – DETAILS OF PARENT WHO IS NOT RESPONSIBLE FOR THE ACCOUNT

SURNAME _____ FIRST NAME _____

PREFERRED NAME _____ ID no.

--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH YYYY-MM-DD DESIGNATION

MR R R	MRS R R	MS	DR	PROF	
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OTHER RELATIONSHIP TO CHILD _____ MARTAL STATUS _____

RACE

ASIAN	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
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OCCUPATION _____ EMPLOYER _____

RESIDENTIAL	POSTAL ADDRESS	WORK ADDRESS

--	--	--

HOME TEL _____ CELL _____ WORK TEL _____

EMAIL ADDRESS _____

SECTION 6 – DETAILS OF ANOTHER CONTACT IN CASE OF EMERGENCY

SURNAME _____ FIRST NAME _____

RELATION TO CHILD _____ CELL NO. _____

HOME TEL _____ WORK TEL _____

EMAIL ADDRESS _____

SURNAME _____ FIRST NAME _____

RELATION TO CHILD _____ CELL NO. _____

HOME TEL _____ WORK TEL _____

EMAIL ADDRESS _____

SECTION 7 – DETAILS OF PERSON ALLOWED TO PICK UP YOUR CHILD FROM SCHOOL

YOUSCHOOOLSCLSKJLKSCHOPCHOOOLRGENCY

SURNAME _____ FIRST NAME _____

RELATION TO CHILD _____ CELL NO. _____

HOME TEL _____ WORK TEL _____

EMAIL ADDRESS _____

SURNAME _____ FIRST NAME _____

RELATION TO CHILD _____ CELL NO. _____

HOME TEL _____ WORK TEL _____

EMAIL ADDRESS _____

SECTION 8 – DETAILS OF PARENT WHO IS NOT RESPONSIBLE FOR THE ACCOUNT

We, the undersigned

_____ certify that the information provided in this Application for Admission form is complete and true. We acknowledge that enrolment I subject to, inter alia, signing a School Contract that contains the detailed terms conditions, and codes of conduct for Teddy Bears Montessori Preschool.

We hereby authorise the School and/or any of its associated to conduct any credit enquiries on us as may be necessary from time to time. We acknowledge that we have read and understood the Prospectus/Parent Handbook and the Fee Structure, and will accept a position at Teddy Bears Montessori Pre school in accordance with the terms and conditions as stated therein. These documents, as amended from time to time, are available from the School office.

Signature of person responsible for account

Relation to child

Date

Signature of person responsible for account

Relation to child

Date

SECTION 10 – SURVEY – SERVICES/FACILITIES REQUIRED

HOLIDAY CARE REQUIRED

(ADDITIONAL– limited to 15 children)

Yes

No

INTEREST IN IN/EXTRA MURALS

DANCE

MOSAICS

CLASS VR

BAKING/SCIENCE

POTTERY

SPORTS

SECTION 11 – SURVEY - GENERAL

WHICH TELEVISION PROGRAMMES/COMPUTER GAMES/CELLPHONE GAMES DOES YOUR CHILD WATCH/PLAY?

HOW MANY HOURS PER DAY DOES YOUR CHILD SPEND WATCHING TELEVISION AND PLAYING COMPUTER FOR CELLPHONE GAMES? _____

WHY HAVE YOU CHOSEN TEDDY BEARS MONTESSORI PRESCHOOL? _____

WHERE DID YOU HEAR ABOUT TEDDY BEARS MONTESSORI PRESCHOOL?

THE SCHOOL IS ALWAYS GRATEFUL FOR PARENTS' ASSISTANCE. PLEASE INDICATE BELOW WHETHER YOU HAVE SKILLS YOU COULD OFFER, FOR EXAMPLE. LEGAL, MARKETING, DIY GARDENING, CAREER DAYS, PLUMBING, FUNDRAISING, EQUIPMENT MAKING ETC. _____

HAVE YOU BEEN SATISFIED WITH THE PRE-ENROLMENT INFORMATION AND SERVICE?

Yes	No
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IF NO, PLEASE EXPLAIN _____
