



APPLICATION FOR ADMISSION

Age group applied for:

- 2-3 years 3-4 years 4-5 years

We require the following supporting documents:

- Copy of child's birth certificate Copy of child's vaccination record

Appointment date:	Approved:	Class group:
Notes:	Date:	Family code:
	Start date:	

SECTION A: PERSONAL INFORMATION

Child's personal details:

Surname: _____ Full names: _____

Preferred name: _____ ID number: _____

Date of birth: _____ Age: _____ Gender: Boy Girl

Home and other spoken languages Home: _____ Other: _____

Language(s) of learning and teaching:

Classes are all bilingual

Family:

Number of children in family: _____ Nationality: _____ Religion: _____

Name(s) of children who previously attended Landie's Day and Night Care Center :

Residence: Parents Guardian Other

Person dropping child at school: Name: _____ Relationship: _____

Person collecting child at school: Name: _____ Relationship: _____

Child's medical details:

Blood type: _____

Doctor: Name: _____ Tel. no.: _____

Address: _____

Medical aid: Name: _____ Member number: _____

Main member initials and surname: _____

Main member ID number: _____ Option: _____

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

Yes No Reason: _____

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

No Yes Details: _____

Does the child have any special medical needs? If yes, please give details:

No Yes Details: _____

Does the child suffer from any other illnesses or disabilities? If yes, please give details:

No Yes Details: _____

Medical consent:

In a critical medical situation the school reserves the right to utilise 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 father/legal guardian:

Surname: _____ Full names: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email address: _____

Parental status: Child living with parents Child's legal guardian Access rights to child

Details of mother/legal guardian:

Surname: _____ Full names: _____

Title: _____ ID number: _____

Relationship: _____ Marital status: _____

Occupation: _____ Employer: _____

Home address: _____

Postal address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

Email address: _____

Parental status: Child living with parents Child's legal guardian Access rights to child

Additional contact:

Surname: _____ Full names: _____

Relationship: _____ Email address: _____

Tel (H): _____ Tel (W): _____ Cell: _____

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. We understand that the prescribed number of children per class may be exceeded.

_____ Signature of parent/guardian	_____ Date
_____ Signature of parent/guardian	_____ Date

SECTION B: ACCOUNT HOLDER

Details and declaration of account holder:

Surname: _____ Full names: _____

Title: _____ ID number: _____

Relationship: _____

Please note the following payment terms:

- Fees are payable monthly in advance on or before the 2nd of every calendar month
- Fees can also be paid annually in advance on or before the 3^{1st} 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 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

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 Landie's Day and Night Care Center school fees.

Signature of account holder

Date

SECTION C: GENERAL INDEMNITY

Landie's Day and Night Care Center 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. Landie's Day and Night Care Center 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 Landie's Day and Night Care Center 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 willful misconduct of the school.

Signed at _____ on (date) _____

Parent/legal guardian

Witness 1

Witness 2

SECTION D: PERMISSION TO USE PHOTOS

I understand and acknowledge that, from time to time, informal photographs are taken of the school and its children, and that these photos may be used in electronic or print media which has been approved by Landie's Day and Night Care Center.

Parent/legal guardian

THANK YOU FOR TAKING THE TIME TO FILL IN
THE APPLICATION FOR ADMISSION.