



## APPLICATION FOR ADMISSION

AGE GROUP APPLIED FOR:

- 3-12 months    
  12-18 months    
  18-24 months  
 2-3 years    
  3-4 years    
  4-5 years

SURNAME:	
FULL NAME:	
PREFERRED NAME:	
DATE OF BIRTH:	
GENDER:	
LANGUAGE OF LEARNING:	AFR. / ENG.

DATE OF ADMISSION:	
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FOR OFFICE USE ONLY	
Copies of both parents' ID documents	
Copy of child's vaccination record	
Copy of child's birth certificate	
Copy of medical aid card	
Registration fee of R500	

# 1. PARTICULARS OF LEARNER

A. PERSONAL																					
SURNAME:	HOME LANGUAGE: AFR. / ENG. / OTHER SPECIFY OTHER: .....																				
FULL NAME:	AGE:  .....years .....months																				
ID NUMBER	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>																				
NATIONALITY:																					
B. PREVIOUS SCHOOL																					
NAME AND ADDRESS OF PREVIOUS SCHOOL / DAYCARE ATTENDED BY LEARNER																					
C. OTHER																					
NUMBER OF CHILDREN IN THE FAMILY																					
IS THE LEARNER 1 <sup>ST</sup> , 2 <sup>ND</sup> , 3 <sup>RD</sup> OR 4 <sup>TH</sup> CHILD?																					
D. MEDICAL																					
Has the child received all the necessary immunisations? If not, please give reason:  <input type="checkbox"/> YES <input type="checkbox"/> NO    REASON:.....																					
Name any medical conditions your child suffers from, e.g., asthma, epilepsy, diabetes, etc.																					
Does your child suffer from any allergies?  <input type="checkbox"/> YES <input type="checkbox"/> NO    DETAILS:.....																					
Name any operations your child has undergone:  ..... .....																					
FAMILY DOCTOR:.....	TELEPHONE NUMBER:.....																				
MEDICAL AID:.....	MEDICAL AID NUMBER:.....																				
MAIN MEMBER:.....	NEXT OF KIN:.....																				
ADDRESS:.....	ADDRESS:.....																				
CELL:.....	CELL:.....																				
This information is needed when neither parents can be reached in an emergency.																					
E. DEVELOPMENTAL MILESTONES																					
Please indicate at what age your child reached the following milestones.																					
Sit																					
Crawl																					
Walk																					
Talk (single words)																					
Talk (short sentences)																					

Potty trained during the day	
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## 2. PARENT / GUARDIAN DETAILS:

PARENT 1: MOTHER / STEPMOTHER / LEGAL GUARDIAN / LIFE PARTNER OF PARENT 2	PARENT 2: FATHER / STEPFATHER / LEGAL GUARDIAN / LIFE PARTNER OF PARENT 1
MARITAL STATUS:	MARITAL STATUS:
ID NUMBER: .....	ID NUMBER: .....
TITLE AND NAME: .....	TITLE AND NAME: .....
SURNAME: .....	SURNAME: .....
STREET ADDRESS: ..... .....	STREET ADDRESS: ..... .....
POSTAL CODE:.....	POSTAL CODE:.....
POSTAL ADDRESS: (IF DIFFERENT) ..... .....	POSTAL ADDRESS: (IF DIFFERENT) ..... .....
POSTAL CODE:.....	POSTAL CODE:.....
TELEPHONE NUMBERS: (H) ..... (W)..... (CELL) ..... E-MAIL .....	TELEFOONNOMMERS: (H) ..... (W)..... (CELL) ..... E-MAIL .....
OCCUPATION: .....	OCCUPATION: .....
NAME OF FIRM:..... PHYSICAL ADDRESS: ..... .....	NAAM OF FIRM:..... PHYSICAL ADDRESS: ..... .....
TELEPHONE NUMBER:.....	TELEPHONE NUMBER:.....
E-MAIL (WORK):.....	E-MAIL (WORK):.....

## AGREEMENT:

We, parents / legal guardians of ....., confirm that all the information given in the application for admission is complete and accurate.

We are familiar with and accept the contents of the internal rules and vision of Divine Kids.

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Signature of parent/guardian 1

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Signature of parent/guardian 2

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Date

-----  
Date

## 3. SCHOOL FEES

NAME AND SURNAME:.....	NAAM EN VAN:.....
ID NO:.....	ID NO:.....
TEL:..... CELL:.....	TEL:..... CELL:.....
E-MAIL:.....	E-MAIL:.....
RELATIONSHIP:.....	RELATIONSHIP:.....
SIGNATURE:.....	SIGNATURE:.....

### AGREEMENT BY PARENT / GUARDIAN WITH REGARD TO SCHOOL FEES

- I / We acknowledge that on the 1<sup>st</sup> of January school fees are charged FOR THE FULL YEAR and that it is only for the convenience of the parents that we allow it to be paid over in 12 months.
- School fees are payable before the 5<sup>th</sup> of each month.
- I / We agree to pay the full 12 months fees, even when I / we go on holiday.
- I / We acknowledge that fee increases will take place in January.
- The registration fee is a once-off and non-refundable fee.
- I / We are liable for the payment of tuition fees. Should an obligation be in arrears for more than 30 days, the Owner will take legal steps to collect the debt. If I / we should refuse, fail, or remain in default to pay the due tuition fees on the day of payment, the responsible parent / guardian will be held liable for all legal costs and collection fees.
- I / We acknowledge that the school reserves the right to charge interest on accounts that are in arrears for 30 days or more.
- If the account holder fails to pay or is guilty of breach of contract, the child may be refused access to school.
- I/We acknowledge that BOTH parents are responsible for the payment of tuition fees.
- I/We undertake to notify Divine Kids Play School immediately in writing if a problem occurs with payment of the school fees.
- The account holder undertakes to give 1 calendar month written notice of cancellation to the school, otherwise the account holder is still responsible for the next month's payment.
- No notice can be given for the last term. Should notice be given for October or November, the account holder will be liable for the full term's fees until the end of December. See first memo.

SIGNED IN \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN  
RESPONSIBLE FOR PAYMENT OF THE ACCOUNT

\_\_\_\_\_  
SIGNATURE OF SECOND PARENT / GUARIAN

\_\_\_\_\_  
PRINCIPAL

#### **4. CONSENT FOR MEDICAL TREATMENT IN CASE OF AN EMERGENCY:**

In a critical medical situation, the school reserves the right to utilise the quickest medical services available.

I / We hereby give permission to the staff of Divine Kids to transport my child for medical care, as well as the completion of consent forms at the medical institution.

#### **5. CONSENT TO USE PHOTOS AND VIDEO MATERIAL**

I / We understand and accept that from time-to-time informal photos are taken of Divine Kids and its children, and that these photos may be used in electronic or printed media as approved by Divine Kids.

This photo or video material is for our use only and will not be made available to any third party.

#### **6. CERTIFICATE OF INDEMNITY**

Full name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I, \_\_\_\_\_, parent of the above-mentioned child, understand that the necessary precautions will be taken to ensure the safety of my child. Should any unforeseen incident occur within the school or on the school grounds, neither Divine Kids, nor any of the staff, temporary helpers, or volunteers, will be held responsible for any loss or damage.

SIGNED IN \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
SIGNATURE OF SECOND PARENT / GUARIAN

\_\_\_\_\_  
WITNESS