TINKTINKIE

Nursery School and After Care

♥♥♥

Springhaas Avenue 111, Theresa Park. Tel/Fax: 012 – 5421306

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ENROLMENT FORM AFTER CARE

At Tinktinkie one of our priorities is to share the Love of JESUS with each child. Your child is just as important and precious to us as to JESUS and to you, therefore we teach the Christian qualities and norms as the foundation on which Tinktinkie's education is based.

REFER BY: …….

CHILD PARTICULARS

SURNAME:…… NICK NAME ……

CHRISTIAN NAMES: …….

DATE OF BIRTH: ……. SEX: …….. AGE: …….

DATE OF ADMISSION REQUIRED: ……

AFTER CARE / FROM WHICH PRIMARY SCHOOL

……..

PARENTS PARTICULARS:

	MOTHER	**FATHER**
SURNAME		
FULL NAMES		
NICK NAME		
ID NUMBER		
CELL		

	MOTHER	**FATHER**
TEL: HOME		
TEL: WORK		
OCCUPATION		
EMPLOYER		
Herewith I declare the following address as my domicile citandi et executandi for all documents and letters.		
HOME ADDRESS (F)	POSTAL ADDRESS	WORK ADDRESS
HOME ADDRESS (M)	POSTAL ADDRESS	WORK ADDRESS
HOME LANGUAGE		
RELIGION		
CAR REGISTRATION NUMBER	**MOTHER**	**FATHER**

MARITAL STATUS: MARRIED: …… UNMARRIED: ……..

DIVORCED: ….. WIDOW: ……. WIDOWER: ……..

OTHER INFORMATION:

Name of person/s (other than the parents) for fetching your child:

NAME	ADDRESS	TEL NO
		H: **W:** **CELL:**
		H: **W:** **CELL:**

In case of an emergency or after hours, who can fetch your child at school?

NAME	ADDRESS	TEL NO
		H: **W:** **CELL:**

GRAND PARENTS: FATHER

NAME	ADDRESS	TEL NO
		H: **W:** **CELL:**

GRAND PARENTS: MOTHER

NAME	ADDRESS	TEL NO
		H: **W:** **CELL:**

MEDICAL HISTORY:

FAMILY DOCTOR: ……

TEL NUMBER: ……

NAME OF MEDICAL AID: ……. NUMBER: ……..

ALLERGIES: …….

……..

IMMUNISATION: Please attach copy of immunization card.

PREVIOUS ILLNESSES: Scarlet Fever: Yes/No. Mumps: Yes/No. Measles: Yes/No. German measles: Yes/No. Chicken Pox: Yes/No.
OTHER: PLEASE SPECIFY: ……
……
Is your child on some sort of permanent medication? Yes/No.

If YES, state type of medication and why: ……..

……
Does your child develop high fever and have fever convulsions? Yes/No

Specify: ……

Other serious medical conditions: ……

……
IF ANY OF THE ABOVE EXISTS, PLEASE HAND IN A MEDICAL CERTIFICATE FROM YOUR DOCTOR.

PLEASE LET US KNOW AS SOON AS ANY OF YOUR INFORMATION CHANGES!!!!!!

AGREEMENT:

I the undersigned, herewith apply for admission of my child.
Should my application be successful, I undertake the following:

I, as natural guardian of the above mentioned child on behalf of myself, my assigns, heirs and executors hereby indemnify the owners of Tinktinkie Nursery School and

After Care from any liability or damage whatsoever and any legal expenses, medical expenses or any other costs which may arise from any claim as a result of the death/injury of the above child arising from sickness or injury which the said child might have contracted or sustained during his/her so journo at the school and during transporting the child from Theresa Park Primary School to Tinktinkie Nursery School and After Care.

To have the above child immunized against all infections diseases and children's diseases before admission in the school.

TO ABIDE BY THE RULES LAY DOWN BY TINKTINKIE NURSERY SCHOOL AND AFTER CARE:

To keep to **school hours (06h00 - 18h00**).

***TO PAY BEFORE THE THIRD DAY OF EACH MONTH*.**

To give one calendar month written notice when my child will be leaving the school. If you give notice in October, you are still liable for the school fees for November. No new children register in November and Teachers do get a salary for November and December.

To **pay full fees during holidays whether they attend the school or not during holidays. The school is closed for three weeks in December/January.**

Registration fee and the monthly payment are immediately payable.

In addition to the above undertaking, I grant the principal and staff my consent to obtain whatever medical treatment might be necessary during an emergency where I shall not be immediately of timorously able to grant consent in person.

I/We declare herewith to pay attorney fees.

Signed at ……on the …day of …….. 201…

Parent/Guardian …….. Principal ……. Mother

Parent/Guardian ……..Father

PLEASE ATTACH A COPY OF:

The child's birth certificate
Copies of both parents I.D Books
Copy of your municipality account (water and lights).