

0 - 3 YEARS



ADMISSION FORM

SECTION 1

DATE WHEN CHILD WILL BEGIN AT SCHOOL _____

CHILD'S NAME AND SURNAME _____ AGE _____

DATE OF BIRTH _____ BOY GIRL

HOME ADDRESS _____

HOME LANGUAGE _____ RELIGION _____

ATTENDANCE DAYS:

5 DAYS PER WEEK TILL 12H00 TILL 14H30 TILL 17H30

WHO BRINGS CHILD TO SCHOOL? _____

WHO FETCHES CHILD FROM SCHOOL? _____

FATHER/LEGAL GUARDIAN

NAME AND SURNAME _____

OCCUPATION _____

TEL (h) _____ TEL (w) _____ CELL NO _____

E-MAIL ADDRESS _____

ID NUMBER _____ MARITAL STATUS _____
(Please attach copy to this admission form)

MOTHER/LEGAL GUARDIAN

NAME AND SURNAME _____

OCCUPATION _____

TEL (h) _____ TEL (w) _____ CELL NO _____

E-MAIL ADDRESS _____

ID NUMBER _____ MARITAL STATUS _____
(Please attach copy to this admission form)

WOULD YOU LIKE YOUR MONTHLY STATEMENTS TO BE EMAILED? YES NO

E-MAIL ADDRESS TO WHERE STATEMENTS CAN BE SENT _____

PREVIOUS CRECHE/DAY MOTHER ATTENDED _____

CONTACT DETAILS OF PREVIOUS CRECHE/DAY MOTHER _____

OTHER CHILDREN IN FAMILY

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

NAME OF DOCTOR _____ **TEL** _____

TWO PEOPLE TO CONTACT IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED

NAME 1 _____ TEL _____

NAME 2 _____ TEL _____

IMMUNISATIONS: PLEASE ATTACH A COPY OF THE IMMUNISATIONS WITH THE DATES

ANY PROBLEMS BEFORE AND/OR AFTER BIRTH? _____

HEALTH HISTORY _____

OPERATIONS? _____

ALLERGIES? _____

ASTHMA? _____

HEART DISEASE? _____

ANY FOOD ALLERGIES? _____

HAD ANY CHILDHOOD ILLNESSES? _____

IS YOUR CHILD CURRENTLY ON MEDICATION (OTHER THAN NORMAL VITAMINS, ETC.) _____

PLEASE STATE WHAT THE MEDICATION IS FOR _____

PLEASE STATE IF AND WHEN THE MEDICATION MUST BE ADMINISTERED AT SCHOOL _____

IS URINATION AND BOWEL MOVEMENT NORMAL? _____

IS YOUR CHILD POTTY TRAINED? _____

WOULD YOU DESCRIBE YOUR CHILD AS SHY, AGGRESSIVE, OUTGOING, INDEPENDENT, OTHER? _____

IS HE/SHE A FUSSY EATER? _____

ANY FAVOURITE FOOD? _____

SECTION 2**2.1 PLEASE PROVIDE ONE OR TWO TELEPHONE NUMBERS TO BE ADDED TO THE CLASS WHATSAPP GROUP**

1 _____ 2 _____

2.2 PLEASE CONFIRM IF PHOTOS OF YOUR CHILD MAY BE POSTED ONTO THE CLASS WHATSAPP GROUP:YES NO **2.3 PLEASE CONFIRM IF PHOTOS OF YOUR CHILD MAY BE POSTED ONTO KAMMALAND LORRAINE'S SOCIAL MEDIA PAGES SUCH AS FACEBOOK, INSTAGRAM AND OUR WEBSITE:**YES NO **2.4 PLEASE CONFIRM IF WE MAY SHARE PHOTOS OF YOUR CHILD WITH THE MEDIA FOR A NEWSWORTHY EVENT. SOMETIMES THE NEWSPAPER REQUESTS PHOTOS FOR SPECIAL EVENTS SUCH AS VALENTINE'S DAY, MOTHER'S DAY, ETC.**YES NO **2.5. PLEASE TICK THE BOX TO CONFIRM THAT YOU HAVE READ THE RULES AND REGULATIONS OF KAMMALAND LORRAINE. BY TICKING THE BOX YOU AGREE THAT YOU UNDERSTAND THE RULES AND REGULATIONS AND THAT YOU WILL ABIDE BY THEM.****SECTION 3****IT IS YOUR RESPONSIBILITY TO INFORM KAMMALAND LORRAINE IF ANY OF THE ABOVE INFORMATION CHANGES.**

1. I/we undertake to pay the school fees monthly in advance over 12 months by either EFT or direct deposit.
2. I/we agree that fees are payable irrespective of absenteeism due to vacation, illness or if the school is forced to close for any other reason out of their control and to give 1 (one) calendar month notice in writing of termination of school. I/We understand that payments are still due within this notice period and do understand that no notice can be given after the 1st (first) of October of the corresponding year.
3. I/we agree that FULL fees depicted on the invoice will be paid by the 1st (first) or by no later than the 7th (seventh) of every month and failing to do so, am liable to be charged with a late payment penalty of 5% (five) of the total invoice amount. I/we understand that Kammaland Lorraine reserves the right to terminate the enrolment with immediate effect of my child/children if payment of account is unpaid by the 15th (fifteenth) of the month.
4. I/we understand that each January school fees are reviewable and notification of this change will be provided before December of the preceding year.
5. I/we understand that FULL fees will be paid for December and January even though the school closes for a period of 3 weeks during this time.
6. I/we understand that Kammaland Lorraine shall be entitled to recover all/any costs from me/us incurred in legal proceedings instituted against us by Kammaland Lorraine to recover any outstanding amounts owed in respect of school fees.
7. I/we understand that the home address set out above is my/our domicilium citandi et executandi and it's my/our responsibility to advise Kammaland Lorraine in writing of any changes.

SIGNATURE OF PARENT/LEGAL GUARDIAN_____
DATE

INDEMNITY FORM

CHILD'S NAME AND SURNAME _____

WE, THE FATHER/MOTHER/LEGAL GUARDIAN OF THE CHILD HEREBY AGREE

1. To accept and abide by all the rules and regulations of Kammaland Lorraine. I/we declare that I/we are fully acquainted with these rules and regulations.
2. That Kammaland Lorraine will care for my child to the best of their ability and Kammaland Lorraine, any staff member or any other entity connected to the school will not accept liability for any claim/s arising from any accident or injury happening to my child while he/she is in the care of Kammaland Lorraine on or outside their premises or any other claim/s of whatsoever nature that I/we or my child may have, and do waive any claim/s which may, at any time arise as aforesaid, both in my/our/my child's personal capacity and in my/our capacity as parent of guardian of my child.
3. Not to hold Kammaland Lorraine or any staff member liable for lost, stolen, damage and/or injuries to property of my child or any natural person who is directly or indirectly related to my child.
4. To ensure that my child has been properly immunised against whooping cough, diphtheria, tetanus, and polio and vaccinated against tuberculosis, and will furnish proof of this on request.
5. For the staff at Kammaland Lorraine to give medical attention in case of any accident or injury.
6. That Kammaland Lorraine has the right to send home or refuse receipt of my child during the time that my child is sick to protect the safe being of other children until the condition has been diagnosed, stabilised and/or a medical certificate is issued by a medical professional.
7. To contact Kammaland Lorraine immediately if my child contracts a contagious disease so that other parents can be informed.
8. And give Kammaland Lorraine permission to take my child to a surrounding medical centre for emergency treatment should any emergency arise and I/we are unreachable during such emergency. I/we do acknowledge that all medical expenses are liable to me/us if an event like this arises.
9. That Kammaland Lorraine reserves the right to terminate the enrolment of my child on two week's notice if any behaviour of my child is deemed intolerable by Kammaland Lorraine to any of our staff, other parents or to the safety and well-being of other children at Kammaland Lorraine.
10. That Kammaland Lorraine reserves the right to terminate the enrolment of my child with immediate effect if any behaviour is deemed intolerable by Kammaland Lorraine of any natural person who is directly or indirectly related to the child.
11. That Kammaland Lorraine reserves the right to terminate the enrolment of my child on two weeks' notice in the event of a breach of any terms and conditions set out in this or any other document.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE