

# LITTLE LAMPS PRESCHOOL



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## CHILD REGISTRATION FORM

### Child's Particulars

Surname & First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home language: \_\_\_\_\_

Number of Children in the Family: \_\_\_\_\_

Position in the Family: \_\_\_\_\_

Previous crèche / nursery school attended: \_\_\_\_\_

Person responsible for bringing the child to school: \_\_\_\_\_

Primary school you're intending to send the child to: \_\_\_\_\_

### Care required:

Please indicate the necessary care required:

\_\_\_\_\_

### Parents' particulars

Marital status of parents: \_\_\_\_\_

With whom does the child live with? \_\_\_\_\_

Particulars	Mother	Father
Surname		
First Names		
ID Number		
Occupation		
Religion		
Title (Mr, Mrs, etc)		
Employer		
Tel No: Work		
Tel No: Home		
Cell No		
Email Address		
Home Address		
Postal Address		
Work Address		

**Contact person (either than parents):**

In case of emergency, a responsible person should be on standby:

Particulars	Friend	Next of Kin
Surname		
First Names		
Relationship		

Particulars	Friend	Next of Kin
Physical Address		
Tel No: Work		
Tel No: Home		
Cell No		

Please attach ID Copy of both parents

**Transport:**

Other people authorised to collect the child::

Name	Telephone number

**Special Instructions:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**General Remarks**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical History:**

Surname & First Name: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Tel No: \_\_\_\_\_

Medical Aid: \_\_\_\_\_ Medical Aid number: \_\_\_\_\_

1. Does you child suffer from the following:

Diabetes  Asthma  Epilepsy

2. What childhood sickness has your child had? \_\_\_\_\_
3. Life threatening allergies: \_\_\_\_\_
4. Other allergies: \_\_\_\_\_
5. Is your child on any regular medication? \_\_\_\_\_  
State which: \_\_\_\_\_
6. Has he/she had any major operations? \_\_\_\_\_
7. Any behaviour problems: \_\_\_\_\_
8. Any speech or hearing problems: \_\_\_\_\_
9. Any complications during birth: \_\_\_\_\_
10. Is your child's immunisation up to date? \_\_\_\_\_
11. Relevant family history (epilepsy, deafness, blindness etc):  
\_\_\_\_\_

**Signatures:**

	Signatures			
	YES	NO	FATHER	MOTHER
Do both parents consent to the staff member on duty authorising all and any medical treatment which the child may require in the case of an emergency?				
Should your family doctor/dentist not be available, do both parents consent to another doctor/dentist to be consulted in the case of an emergency?				

Signatures of both parents / guardians: \_\_\_\_\_

Date: \_\_\_\_\_

**Person responsible for Account:**

Name: \_\_\_\_\_

Id number: \_\_\_\_\_

Work Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Tel no: home: \_\_\_\_\_

Tel no: work: \_\_\_\_\_

Cell no: \_\_\_\_\_

Fax no: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING METHODS OF PAYMENT ARE ACCEPTABLE:**

**ANNUAL**

Full annual amount to be paid by 31 January of the academic year qualifies for a 7.5% discount.

**MONTHLY**

Stop orders to be signed by all parents for monthly fees, NO CASH OR CHEQUES WILL BE ACCEPTED. EFT also acceptable payable no later than the 4<sup>th</sup> day of each month.

**TERMLY**

Four payments made per year, January – March; Apr – June; July – September; October - December. Using this method of payment qualifies you for a 5% discount. Please see attached fee structure for exact figures.

**NOTES:**

- 1.A non-refundable registration fee is payable, by all new enrolments on acceptance into the school. This payment should be made via EFT (Electronic funds transfer).
- 2.Any special outings, visits, functions or extra items will be charged separately and added to parent's accounts.
- 3.Failure to pay fees timeously, or at all, shall constitute a material breach of this agreement. Any child with an outstanding account of one month will be suspended with immediate effect until the account is settled in full.
- 4.The school reserves the right of admission.
- 5.Annual increases in school fees will be circulated in November of each year and become effective in January of the following year.
- 6.Fees have been calculated over 12 months, irrespective of absenteeism, due to illness or vacation and are payable as agreed annually, termly or monthly. If pupils attend school during October, they will not be allowed to give notice for that year. Parents will be liable for all fees up to and including December.

7. **November and December fees are to be paid by the 30<sup>th</sup> of November each year.**
8. Please find attached a copy of the fee structure for this year.
9. **Three months (one term) written notice must be given to the school if the child will not be returning to the school for the subsequent term or year. In the event of a failure to furnish such notice, the parent will be liable for an amount equivalent to one term's school fees.**
10. The child shall be allowed to participate in the various day to day activities within the school ground.
11. The parent/parents of the child shall be notified in writing of any school excursions that may be arranged from time to time outside the school grounds no later than 48 hours prior to the excursion. In the absence of such written refusal, the parent/parents shall be deemed to have consented to the participation of the child in the said excursion
12. The child shall be under constant supervision by the Principal and staff of the school, and all reasonable precautions will be taken in order to avoid any accident or mishap. However, in the event of such an accident, mishap, harm or damage occurring, the Principal, staff and school do not accept any legal responsibility thereof.
13. The educational program of the school will commence at 08h30 and finish at 12h30.
14. All clothing and/or other possessions of the child should be clearly marked with his/her name. Failing to do so, the class teacher will mark the items accordingly and we will not be held liable for any missing items.
15. No jewelry, toys or other valuables are to be brought to school, unless requested in writing by the class teacher.
16. Breakfast and lunch will be served, while a healthy snack will be provided at +-10h00 and +-15h00. Sweets, chocolates, cakes, etc are to be limited to birthdays or special days.
17. School hours are from 07h00 – 13h00 (half day) and 07h00 to 17h00 (full day). Children are to be collected timeously. A late collection fee will be charged at R50 per 15 minutes or part thereof. This applies to half day collection times as well. This fee is to be paid, to the teacher on duty ,in cash, no later than the following morning of the late collect date.

***I accept and agree to all requirements as set out in this registration form.***

Signature: Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Principal (Witness): \_\_\_\_\_

Date: \_\_\_\_\_

**For Office use ONLY:**

Checklist:

Date of enrolment: \_\_\_\_\_

Age at enrolment: \_\_\_\_\_

Immunisation record:

Copy of I.D:

Registration Fee:

Stop Order:

Birth Certificate:

Indemnity: