



(For office use only)

PHOTO

Admission date.....Reg pd: Rec.....

Class name:Fees .pd Rec

2019 REQUIREMENTS FOR APPLICATION

Have ALL required documents been supplied?

- | | |
|---|---|
| CHILD'S BIRTH CERTIFICATE (Unabridged) | CODE OF CONDUCT - signed |
| PARENTS' ID DOCUMENTS | PHOTOGRAPH of child's face |
| PROOF OF RESIDENCE | CHILD'S MEDICAL CLINIC CARD |
| 2 CREDIT REFERENCES | PAYSLIPS - both parents' |
| ENROLMENT FEE - R600 (non-refundable) | ADMISSION FEE – paid in full |

Our present fees are **R1900** (full day fees)/ **R1600** (half-day / siblings fees)

WHERE DID PARENT/CARER HEAR ABOUT LEARN AND PLAY?

- | | |
|--|------------------------|
| Visual Advertisement (Museum/Windmill)?..... | Personal friend? |
| Word of mouth?..... | Our Website?..... |
| Media advertisement?..... | Made enquiries?..... |
| Passed by the premises?..... | Other?..... |

APPLICATION FORM

- SURNAME** (Family name) **OF CHILD**.....
- ALL FIRST NAMES OF CHILD**.....
- Name used at home (**Nickname**):.....**GENDER** of child.....
- CHILD'S BIRTHDATE**: Day.....Month.....Year.....
- CHILD'S** Home address.....
- CHILD'S Home Telephone number.....
- PREVIOUS SCHOOL ATTENDED.....
- MOTHER'S SURNAME** (family name)
- MOTHER'S first names.....
- MOTHER'S ID Number.....
- MOTHER'S Mobile number.....
- MOTHER'S Home address.....
- MOTHER'S Place of work.....
- MOTHER'S Work Tel No.....
- MOTHER'S E-MAIL ADDRESS** (PLEASE PRINT CLEARLY).....
- FATHER'S SURNAME** (family name).....
- FATHER'S** full first names.....
- FATHER'S ID number.....
- FATHER'S Mobile Tel No.....
- FATHER'S Home address.....
- FATHER'S Place of work.....
- FATHER'S Work Tel No.....
- FATHER'S e-mail address** (PLEASE PRINT CLEARLY).....

CHILD'S Family Doctor.....Dr Tel No.....
Clinic attended.....
Child's previous illness/operations.....
Medical Aid Name.....
Med Aid No.....

DOES CHILD HAVE ALLERGIES?.....

IF YES WHAT IS CHILD ALLERGIC TO?.....

IS CHILD ON MEDICATION?.....
If YES what, why and when?.....

WHO IS RESPONSIBLE FOR THE PAYMENT OF FEES?.....

IF NOT THE PARENT SUPPLY THE FOLLOWING INFORMATION OF THE RESPONSIBLE PERSON....

RESPONSIBLE PERSON'S RELATIONSHIP TO THE CHILD.....

RESPONSIBLE PERSON'S FULL SURNAME (family name)

FULL FIRST NAME

ID Number.....

Mobile Tel No.....

Personal Contact Numbers.....

Place of work.....

Work Tel No.....

RESPONSIBLE PERSON'S **email address** (PLEASE PRINT CLEARLY).....

NAME of next of kin (family member) not living with you.....

Next of kin's Tel no.....

Who does the child stay with?.....

State name and relationship.....

WHO will bring and fetch child from school?.....

EMERGENCY PERSON'S NAME :

EMERGENCY PERSON'S telephone numbers.....

IF YOUR CHILD COMES TO SCHOOL WITH A TRANSPORT DRIVER AND FOR YOUR CHILD'S SAFETY YOU MUST FIND OUT AND SUPPLY US WITH THE FOLLOWING INFORMATION

DRIVER'S FULL NAME (Surname and first name)
.....

DRIVER'S TEL NO.....

DRIVER'S REGISTRATION NO.....

DRIVER'S LICENCE NO.....

Please tell the DRIVER that we expect him to
supply us with a copy of the following documents which we keep on file:

ID DOCUMENT and DRIVER'S LICENCE

SIGNATURE: (Father).....(Mother).....Date.....

Learn and Play ADMISSION DECLARATION

I HEREBY APPLY FOR ADMISSION OF MY CHILD TO **LEARN AND PLAY**
AND I AGREE TO COMPLY WITH THE FOLLOWING CONDITIONS IN ALL RESPECTS:-

CONDITIONS OF PAYMENT

- FEES ARE PAID FOR TWELVE (12) MONTHS FROM January to December.
- FEES ARE PAID IN **ADVANCE** BY THE 3RD DAY OF EACH MONTH.
- 10% INTEREST IS LEVIED ON ALL LATE PAYMENTS.
- **IF FEES ARE NOT PAID BY THE END OF THE MONTH PARENTS ARE ASKED TO REMOVE THEIR CHILD.**
- A MONTH’S FEES ARE PAYABLE IF A MONTH’S NOTICE IS NOT GIVEN TO THE OFFICE.
- NOVEMBER IS NOT ACCEPTED AS A NOTICE MONTH.
- FEES ARE PAID EVEN THOUGH A CHILD IS ABSENT.

SIGNATURE:(Father).....(Mother).....Date.....

I HEREBY AGREE AND CONSENT TO THE FOLLOWING CLAUSES

1. I understand that *Learn and Play Junior Academy* is a school which upholds Christian principles with full respect and understanding for all beliefs and religions.
2. My child may receive any necessary medical attention sought by *Learn and Play* in case of emergency when the parents and/or family doctor are not available.
3. I agree to my child attending any outing organised by *Learn and Play* and I hereby indemnify *Learn and Play Junior Academy* against all claims arising from such outings.

SIGNATURE:(Father).....(Mother).....Date.....

It is a special condition of the Application, that while *Learn and Play* through its members of staff, servants and employees will naturally devote due care, control and attention to the welfare of the child/children neither the school nor members of its staff, servants and employees, whether jointly or severally, shall be answerable or responsible in respect of any loss, damage, injury, illness, suffered by the said child/children during the period or periods of his/her/their presence in or upon the premises of the said school, or while under the consequences arising there from. I do hereby unreservedly and without limitation or restriction, acquit and discharge the said school and/or members of its staff, servants and employees and do hold them harmless by me in respect of any claim or claims for loss or damage sustained or suffered by me or the said child or children arising out of the contingencies aforesaid, or in respect of any consequences thereof.

I AGREE TO COMPLY WITH THE SCHOOL RULES AND
CONDITIONS OF CONDUCT AND TO MAKE REGULAR PAYMENT OF FEES:

SIGNED:

(FATHER).....(MOTHER).....
GUARDIAN:.....DATE.....

CHILDREN MUST STAY AT HOME IF THEY HAVE ANY OF THESE SYMPTOMS

- Abnormal temperature
- Puss in eyes
- Diarrhoea and vomiting
- Thrush and other mouth infections
- Body rashes (measles, chickenpox)
- Infected body sores, - ringworm
- Acute ear, nose, throat infections.

IF YOU ARE A RESPONSIBLE PARENTS YOU WILL DO THE FOLLOWING:-

- BRING YOUR CHILD RIGHT IN TO SCHOOL
- FETCH YOUR CHILD FROM SCHOOL BEFORE HOME TIME (17h15)
- PAY YOUR FINE IF YOU FETCH THEIR CHILD LATE (R50-00 PER 15 MINS)
- MAKE ARRANGEMENTS TO FETCH YOUR CHILD FROM SCHOOL IF SHE/HE IS SICK
- REMOVE YOUR CHILD FROM SCHOOL IF HE/SHE PERSISTENTLY BEHAVES BADLY