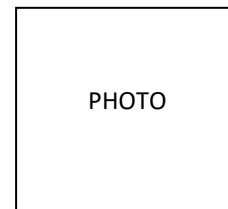




APPLICATION FORM



Admission date..... *Admission pd:* *Rec*.....
Class name: *Fees pd:* *Rec*

ALL DOCUMENTS must be completed in full and admission fee paid

CHILD'S BIRTH CERTIFICATE (Unabridged)	
PARENTS' I.D. DOCUMENTS	
PROOF OF RESIDENCE	
2 CREDIT REFERENCES	
Admission fee – R600 (non-refundable) PAID	

CODE OF CONDUCT - signed	
PHOTOGRAPH of child's face	
CHILD'S CLINIC CARD	
PAYSLIPS - both parents'	
First Month's FEE PAID	

WHERE DID YOU HEAR ABOUT LEARN AND PLAY?

Advertisement?	Personal friend?	SNUFIT advert?
Word of mouth?	School website?	Media advertisement?
Made own enquiries?	Walked past premises?	Heard child speak English?

APPLICATION FORM

CHILD'S SURNAME	
FIRST NAMES OF CHILD	
Name used at home (Nickname)	
Gender of child (Male/ Female)	
CHILD'S BIRTHDATE	Day..... Month.....Year.....
CHILD'S Home Address	
CHILD'S Home Telephone/ Mobile	
NAME of previous school	
Address or email no of previous school	
Telephone number of previous school	

MOTHER'S SURNAME	
MOTHER'S Full First Names	
MOTHER'S ID number	
MOTHER'S Mobile Number	
MOTHER'S Home Address	
MOTHER'S Work Company	
MOTHER'S Work Telephone number	
MOTHER'S EMAIL (Print clearly)	

FATHER'S SURNAME	
FATHER'S Full First Names	
FATHER'S ID number	
FATHER'S Mobile number	
FATHER'S Home Address	
FATHER'S Work Company Name	
FATHER'S Work Telephone number	
FATHER'S EMAIL (PRINT clearly)	

MEDICAL INFORMATION

CHILD'S Family Doctor	
Doctor's Telephone number	
Child's previous illness/ operations	
MEDICAL AID NAME	
MEDICAL AID NUMBER	
Child's ALLERGIES	
MEDICATION – name & dosage	

EMERGENCY INFORMATION

We ALWAYS call the parents FIRST but IF the parent or guardian is not available.

<u>EMERGENCY CONTACT DETAILS</u>	
Family or friend's FULL name	
Relationship to child	
Mobile number	

WHO IS RESPONSIBLE FOR THE PAYMENT OF FEES?

Child may not be admitted to school until this section is completed and signed by both parents.

Relationship to CHILD	
Responsible person's SURNAME	
Responsible person's Full First Names	
Responsible person's I.D. number	
Responsible person's Mobile number	
Responsible person's Place of Work	
Responsible person's Work Tel number	
Responsible person's email address	
I am responsible for this child's fees	Signature:

WHO WILL BRING/ FETCH THE CHILD TO/FROM SCHOOL?

Relationship to CHILD	
Guardian's SURNAME (family name)	
Guardian's Full First Names	
Guardian's Mobile number	

FOR YOUR CHILD'S SAFETY YOU MUST SUPPLY US
WITH THE FOLLOWING INFORMATION OF CHILD'S TRANSPORT DRIVER,

DRIVER'S SURNAME (family name)	
Driver's Full First Names	
Driver's ID number	
Driver's Mobile number	
Driver's Vehicle Registration number	
Driver's Driving Licence	

DRIVER MUST SUPPLY A COPY OF HIS/HER I.D. DOCUMENT AND DRIVING LICENCE
CONDITIONS OF PAYMENT

- FEES ARE PAID FOR 12 MONTHS FROM JANUARY TO DECEMBER.
- FEES ARE DUE IN ADVANCE BY THE 3RD DAY OF EACH MONTH
- 10% INTEREST IS LEVIED ON ANY LATE PAYMENTS.
- A MONTH'S NOTICE MUST BE GIVEN TO THE OFFICE. NOVEMBER IS NOT ACCEPTED AS A NOTICE MONTH.
- IF A MONTH'S NOTICE IS NOT GIVEN A FULL MONTH'S FEES ARE PAYABLE.
- FEES MUST BE PAID EVERY MONTH EVEN WHEN A CHILD IS ABSENT OR AWAY.
- IF FEES ARE NOT PAID BY THE END OF THE MONTH, PARENTS WILL BE ASKED TO REMOVE THEIR CHILD.

I ACCEPT AND ACKNOWLEDGE THESE CONDITIONS OF PAYMENT

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

In the event your account is not paid, and we hand your account over to a collection agency or attorney you will be liable for the costs and expenses incurred in the collection process.

I ACCEPT AND ACKNOWLEDGE THESE CONDITIONS OF PAYMENT OF FEES

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 Junior Academy* 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 Junior Academy* and I hereby indemnify *Learn and Play Junior Academy* against all claims arising from such outings.

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/children arising out of the contingencies aforesaid, or in respect of any consequences thereof.

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

- | | |
|-------------------------------------|-------------------------------------|
| • Abnormal temperature | Body rashes (measles, chickenpox) |
| • Puss in eyes | Infected body sores, - ringworm |
| • Diarrhoea and vomiting | Acute ear, nose, throat infections. |
| • Thrush and other mouth infections | Any COVID-19 related symptoms |

WE EXPECT OUR PARENTS TO BE RESPONSIBLE PARENTS AND TO DO THE FOLLOWING

- BRING YOUR CHILD RIGHT INSIDE THE SCHOOL BUILDING . DO NOT DROP OFF OUTSIDE!
- FETCH YOUR CHILD FROM SCHOOL BEFORE HOME TIME - AT 5 PM / 17H00
- PAY A FINE OF R50-00 PER 15 MINS IF YOU FETCH YOUR CHILD AFTER 5:15 / 17H15
- MAKE ARRANGEMENTS TO FETCH YOUR CHILD FROM SCHOOL IF SHE/HE IS SICK
- REMOVE YOUR CHILD FROM SCHOOL IF HE/SHE CONTINUALLY BEHAVES BADLY
- RESPECT & KEEP OUR CODE OF CONDUCT & CONDITIONS OF PAYMENT. SIGNED.....

I AGREE TO THE SCHOOL RULES & CONDITIONS & TO PAY FEES REGULARLY

SIGNATURE:(Father)..... FULL NAME..... Date.....
 SIGNATURE: (Mother)..... FULL NAME..... Date.....
 SIGNATURE: (Guardian)..... FULL NAME..... Date.....