



Carefree Kid's
Montessori Centre

**545 Molly Ryde Street
Garsfontein**

0081

Cell: 083 632 9175

Tel: 012 348 7099

info@carefreekids.co.za

www.carefreekids.co.za

REGISTRATION FORM

GENERAL INFORMATION

Child's Information

Surname:	
Birth Name:	
The name that you call your child:	
Date of birth:	
Gender:	
Position in family:	
Previous pre-school:	
Date of entering Carefree Kid's:	
Home Language:	
Nationality:	
Are you a SA citizen? If not do you have a Residence permit? (Please hand in a certified copy with your application)	
Where did you hear about Carefree Kid's?	

PLEASE HAND IN CERTIFIED COPIES OF YOUR CHILDS BIRTH CERTIFICATE AND IMMUNIZATION /HEALTH RECORD and a copy of your medical aid card with your entry form.

Father's Information

Mother's Information

Surname:	
Name:	
ID Number:	
Home Address:	
Postal Address:	
Home Telephone:	
Cell phone:	
Work Telephone:	
E-mail:	
Occupation:	
Place of employment:	

Surname:	
Name:	
ID Number:	
Home Address:	
Postal Address:	
Home Telephone:	
Cell phone:	
Work Telephone:	
E-mail:	
Occupation:	
Place of employment:	

Person responsible for paying school and other fees:

Religious affiliation:

Parent's marital status: Married Separated Divorced Widowed Single Life partners

Emergency telephone numbers of friends or relatives:

Name:	
Relation:	

Name:	
Relation:	

"The information required on this form is collected and used for record keeping purposes in compliance with all provisions of the Protection of Personal Information Act when dealing with personal information."

Contact details:	Contact details:
Indicate on what times your child will attend school: (4 & 3 days are only available for the 15 month to 3 year environments) Full day, 5 days/week <input type="checkbox"/> ; Half day, 5 days/week <input type="checkbox"/> ; Half day, 4 days/week <input type="checkbox"/> ; Half day 3 days/week <input type="checkbox"/>	
MEDICAL INFORMATION	
Child's Pediatrician:	Contact Tel:
Family Doctor:	Contact Tel:
Vaccinations: Has your child be inoculated against all child diseases? Please hand in a certified proof with your application.	
Allergies: Please send any necessary medication with to school	
Prior Illnesses:	
Chronic Conditions/Medication:	
Special precautions and other information: Undergone surgery? Sustained minor injuries? Received psychiatric care or counseling?	Nature & date:
Medical Aid:	Medical Aid Plan:
Medical Aid Number:	Medical Aid Main Member:
Please attached a copy of your Medical Aid card to your registration form	
In case of emergency, which Parent should be contacted?	
Alternative Contact Person in case of Emergency:	
Consent for the school to use another doctor or paramedic in an emergency or to transport your child to the nearest hospital if the need occur?	Signature:
GENERAL	
What are his / her interests?	
Do you have any concerns about your child who should be brought to our attention?	
Anything else you would like to mention about your child or family:	
Any activities that your child may not participate in:	

I / we herewith declare that the information in this form is correct. I / we have read the terms and conditions and understand and accept them.

I / we understand that the fees are payable monthly or in advance for 12 months of the year. We have to send a proof of payment to info@carefreekids.co.za or 083 632 9175. All school fees are payable before the 3rd of the new month and interest will be charged on late payments. I am required to give one calendar month written notice for my deposit to go towards my last month's school fees. My deposit will not be paid back into my account. I will be responsible for all outstanding fees in due of notice that my child is leaving the school. I have to give one terms written notice for aftercare. I will pay a double monthly payment at the end of November for December and January of the next year.

Signed at PRETORIA on the _____ day of _____ 20____.

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SIGNATURE (father)

SIGNATURE (mother)

SIGNATURE PRINCIPAL



INDEMNITY FORM

I _____

ID number _____

Father/Mother of _____

Residing at _____

_____ code _____

hereby absolve Carefree Kid's Montessori Centre and its owner and respective employees from any financial, judicial or medical claim resulting from any injury, howsoever caused, sustained by my child or death of my child from any cause, while at school premises or any outing organised by the school during my child's sojourn there.

Signed at PRETORIA on the _____ day of _____ 20____.

SIGNATURE (father / guardian)

SIGNATURE (mother)

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PARENT'S CONSENT FOR THIRD PARTY TO COLLECT THE CHILD

Child's name: _____

I _____ parent of the above named child give permission for any of the following persons to collect my child from school:

1. _____ relationship _____

2. _____ relationship _____

3. _____ relationship _____

4. _____ relationship _____

Parent's signature: _____

Date: _____

Tel (h): _____ Tel (w) (M): _____

Tel (w) (F): _____

Please keep us informed of changes – particularly phone numbers.

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CONSENT LETTER MEDIA

Herewith I, _____ ID no. _____,

Parent/guardian of _____ give

Carefree Kid's Montessori Centre permission to make use of my child/children's photos for advertisement purposes. Either displaying it on the website, application, cellphone or use it in a booklet or pamphlet form.

Signed on _____ at _____

Signature parent/legal guardian

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