- 38 Brockhurst road, Kenwyn,7780
- Cell: 082 816 7676
- Email: childrensgardenedu@gmail.com
- www.thechildrensgardeneducare.com

Application form

Details of learner

Name:	Surname:
D.O. B	I.D number:
Gender:	Religion:
Address:	
Who will be responsible for collecting your little learner? (Name and contact no)	

Medical history

Allergies:
Illness:
Is your child on any medication? -please specify
Other important concerns:

Please note: NO medication will be administered to children at school. All children must be immunised against TB, Diphtheria, Whooping cough, Measles, German measles, Mumps and Polio, etc. Yearly checks for ears (hearing) and eyes (vision) should also be done. Always keep the clinic card in a safe place for future use.

Consent and Indemnity

As the parents/guardians, I/we hereby give consent for my child to participate in all the curricular and extra-curricular activities as set out by The Children's Garden Educare. This includes outings/excursions and transport to and from the school. Furthermore, I/we fully understand and accept that all activities shall be undertaken at my child's own risk. I/we undertake on behalf of myself/ourselves and my child/ren, had harmless and absolve The Children's Garden Educare and its staff against and/or all claims that may arise. This consent is signed with indemnity and is signed with the knowledge that The Children's Garden Educare and the staff will take responsible precaution for safety and welfare of my child/ren.

Signature of mother:	Signature of father:
Print name in full:	Print name in full:
Date:	Date:

Mothers' details

Name:	Surname:
Id number:	Marital status:
Cell:	Tel home:
Occupation:	Tel work:
Email:	Religion:
Address:	

Fathers' details

Name:	Surname:
Id number:	Marital status:
Cell	Tel home:
Occupation:	Tel work:
Email:	Religion:
Address:	

Next of kin-in case of emergency if parents are unavailable

Name:	Surname:
Relation to you:	Cell:
Address:	

Declaration and Agreement

All the above information is correct and true. On the acceptance of my application at the above institution, I understand to abide by the rules and regulations set out by The Children's Garden Educare.

Signed: ..... Date: .....

Rules and Regulations

1. One month calendar notice to be given in advance should you wish to terminate your child/ren's attendance at our school.
2. Fees are payable by AND NO LATER than the 1st of every month.
3. A penalty fee of R50-00 is charged after the 1st.
4. School fees are payable in full, irrespective of whether your child attends school for the whole month or not.
5. We run a 12-month contract from January – December.
6. Hours are from 6:45 am – 5:00 pm (Monday – Friday).
7. Dress in clean, comfortable clothes and flat shoes. Hair must be neatly tied.
8. Participation in all parent-teacher/school activities is encouraged.
9. Please inform the class teacher if any other person will be collecting your child.
10. **Please include a copy of mother's ID, father's ID and child/ren's birth certificate**