



Please paste learner's
recent photo here

Where did you hear about us ?.....

Application Form		202__
Lerner's personal Information		
Child's Name:		
Address:		
Date of Birth:	Age this year:	
Parent/s or Guardian/s:		
Gender :		
The learners' strengths:		
1		
2		
3		
The learners' weaknesses:		
1		
2		
3		

Enrolment details

Proposed start date: _____

Preschool Session
please tick where appropriate

morning

☐

afternoon

☐

Parents information

Father/stepfather/guardian

Name: _____

ID Number: _____

Cell phone: _____

Address: _____

Occupation: _____

Work number: _____

Work address: _____

Mother/stepmother/guardian

Name: _____

ID Number: _____

Cell phone: _____

Address: _____

Occupation _____

Work number : _____

Work address: _____

Please note that both parents are responsible for school fees

Nominate primary parent to contact regarding payment of fees.

Emergency contact telephone numbers

Home: _____

Work 1 _____

Work 2 _____

Mobile 1 _____

Mobile 2 _____

Alternative emergency contact: _____

Relationship with child: _____

Authorised alternative person to collect child from school: _____

Contact number: _____

Diagnostic & Medical Information	
Diagnosis of any allergies	Any important medical information that we should be aware of? (If confidential please speak to the Principal privately if you prefer).
Name of Diagnosing Practitioner:	Child's General Practitioner:(name, address and telephone number)
Medical aid name: Medical aid number	Main member name: Main member number:
Prescribed Medication	Supplementary/alternative Medication
Please provide details of any prescribed medication your child is taking:	Please provide details of any supplementary medication your child is taking:

Parent/Guardian Consent	
<i>The following section requires your signature in order that we may ethically and legally provide the most comprehensive service to your child. Please read carefully and tick the appropriate boxes.</i>	
Do you consent to learning and behavioural data being collected pertaining to your child's ongoing learning and development? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you consent to the use of primary edible reinforcement (where appropriate and in moderation) in order to facilitate learning and development? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you consent to your child attending supervised outings to the local educational sites? Yes <input type="checkbox"/> No <input type="checkbox"/>	
In the event of your child suffering a high temperature we will of course make contact with you. However; do you consent to the administration of Calpol/ panado to reduce temperature? Yes <input type="checkbox"/> No <input type="checkbox"/>	

In the event of a medical emergency, do you consent to your child being transported to the nearest hospital?

Yes ☐

No ☐

Acceptance

I/We hereby consent to the practices and procedures as detailed above and commit to provide *one month's notice (full 30 days- on the 1st day of the month) of withdrawal from the Time to learn preschool. If notice is given part way through the month you will be charged in full for the following month. This allows us the necessary time to fill your spot. Please note registration fees are nonrefundable and are not applied towards the monthly fees owing. I do accept that I will pay for any legal action that the school should take upon me due to faulty payment or anything related or unrelated. I take full responsibility to pay the full amount of school fees on the first day of each month. I am aware that non-payment of my child's fees will lead to immediate removal of the child on the premises at the time the child is dropped off. I accept that I will purchase and ensure that my child wears the correct uniform daily. I will ensure that my child has R20 the first Friday of the month for fun Friday. I do realise that even though the staff will take precaution, the staff cannot take responsibility against any loss, injury and/or damages, which may occur while my child is in the care of the school staff on a day-to-day basis. I will support fundraising all events/functions/ meetings, or any gathering called at the preschool. I will communicate to the teacher should the child experience any illness or medical condition. I have read and understand the schools polies. I understand that from time to time the owner of the school may wish to publish articles along with photographs of the school and the children in the school, in the local newspaper, on the school website or school social media page, in newsletters or advertisements for the school etc. I give full permission for my child to be involved in these photographs and articles. I understand that the school will from time to time take the children off the school premises for the purpose of school trips. I indemnify the Principal and Owner and Staff of Time 2 Learn Pre-School against any accident or incident which may occur while my child is being taken out on a school trip and during my child's transportation from and to the school on the days of such trips. I accept responsibility for the payment of all medical/hospital bills where applicable.

Please attach the following documents

- Certified ID copies of parent and birth certificate of the child
- An up to date clinic card
- Childs recent photo
- Proof of home address
- ID copy of alternative person (if not picked up by parents)

Parent 1

Print name and sign

_____ Date: _____

Parent 2

Print name and sign

_____ Date: _____

