

THE CHILDREN'S WORKSHOP APPLICATION FORM

Date of Application:		Required Starting Date:	
Nursery 1 to 3 years: Full day (7:30am to 5:30pm)	Half day (7:30am to 12:00pm)	Half day and Lunch (7:30am to 2:00pm)	
Preschool 3 to 6 years: Full day (7:30am to 5:30pm)	Half day (7:30am to 12:30pm)	Half day and Lunch (7:30am to 2:00pm)	

PUPILS DETAILS:

Surname:	Sex:	M	F
First names:	Date of birth:		
Home Language:	Identity Number:		
Race: W C B O	Religion:		

MOTHER'S DETAILS:

Surname:	Name:	Title:
ID number:	E-mail address:	
Occupation:	Employer:	Tel:
Home address:		
Work address:		
Telephone numbers:	Home:	Cell:

FATHER'S DETAILS:

Surname:	Name:	Title:
ID number:	E-mail address:	
Occupation:	Employer:	Tel:
Home address:		
Work address:		
Telephone numbers:	Home:	Cell:

Academic History:

Current Grade:	Grade Applying for:
Current School:	Principal:
Tel:	Email:

DETAILS OF CHILDREN IN THE FAMILY:

Child's Name	Gender	Age	Current School/ Schools Attended/ other Therapy

MEDICAL DETAILS:

Doctor/Pediatrician:	Name:	Tel:
Medical aid scheme	Name:	Number:

EMERGENCY CONTACTS: (Emergency contacts other than the above mentioned)

Name:	(h)	(cell)
Relationship to child:		
Name:	(h)	(cell)
Relationship to child:		

PERSONS AUTHORIZED TO REMOVE CHILD FROM SCHOOL (Other than above mentioned)

Name:	(h)	(cell)
Relationship to child:		
Name:	(h)	(cell)
Relationship to child:		

SIGNATURES: (See overleaf for indemnity form to be completed and signed, as well)

Mother:	Father:	Guardian:
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FOR OFFICE USE ONLY

Registration (R250)	Welcome Letter	Birth Certificate	Report
Acceptance Letter	Utility Bill (Proof of residence)	Parent Handbook	Starting Date
Placement (R2000)	Parents Identity Documents	Extra Mural Details	Special Needs

GENERAL INFORMATION:

Family history, known allergies, previous illnesses, physical or learning difficulties, past or present medical treatments including therapy (occupational or psychological), should be written below and any documentation attached hereto:

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ASSESSMENTS:

Not Screenings but FULL assessments	Assessed by Professional (Name)	Attended Therapy	Still attends therapy	You have the report from the professional (Please attach to this application form)	Not yet assessed, but you recommend it to the parents (please explain)
Occupational Therapy					
Sensory Disorders					
ADD/ADHD					
Speech Therapy (articulation)					
Auditory processing					
Hearing					
Vision					

Any other assessments, e.g. psychological, physiotherapy? [yes / no] If yes, what kind of assessment?

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CONSENT AND INDEMNITY:

We reserve the right of admission and the right to request a parent to remove a child from **Montessori Connect The Children’s Workshop** should we consider this to be in the interest of the child.

- Montessori Connect The Children’s Workshop** is registered with The Department of Health Services and Welfare.
- Montessori Connect The Children’s Workshop** is a non-denominational, English medium Pre-school.
- We, the undersigned, hereby consent to the person in charge acting “in loco parentis” whilst the Pupil attends **Montessori Connect The Children’s Workshop** or participate in any extra-mural activities, including but not limited to games, sporting activities, educational tours and excursions.
- We, the undersigned, fully understand and accept that all tours and excursions shall be taken at the Pupil’s own risk and we hereby, on behalf of ourselves, and the Pupil indemnify, hold harmless and absolve **Montessori Connect The Children’s Workshop**, its principal, teachers, staff, employees, volunteers, servants or agents against and from any or all claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of the Pupil aforesaid in the course of such tour or excursion, or arising there from or in consequence therewith.
- We, the undersigned, hereby indemnify, hold harmless and absolve **Montessori Connect The Children’s Workshop**, its Principal, teachers, staff, employees, servants or agents against all or any loss, damage (direct or indirect, consequential or otherwise) or injury, expenses (including medical expenses), costs (including legal costs on the scale as between attorney and own client) suffered and /or incurred by the Pupil in or on the premises of **Montessori Connect v** or in the course of any extra-mural activities, including games, sporting activities, educational tours and excursions or in consequence of any other act or omission of whatsoever nature and howsoever arising by **Montessori Connect The Children’s Workshop**, its Principal, teachers, staff, employees, volunteers, servants or agents.
- We hereby give our consent for the Pupil to participate in all extra-mural activities.
- A R250.00 registration fee is payable on application.
- A non-refundable placement fee of R2000.00 is payable on enrolment.
- Please be advised that before considering your application a credit check may be done.
- School fees are payable in advance on or before the 7th day of each month, unless alternative arrangements have been made. Fees paid after the 7th of every month will be subject to a late fee penalty of 10%. Should your fees be outstanding for 2 or more months you will be handed over to Accountability who will forward you a letter of demand. Should you fail to adhere to the Letter of Demand your name and ID number will be listed as a defaulter with the TransUnion Credit Bureau data base and this information will be available at all South African Credit Bureau’s. Should you be handed over to Accountability you will be liable for all legal costs occurred. Refunds are not made for cancellation of application, absence due to holiday, or illness. Fees are calculated on an annual basis and are charged monthly over a period of 12 months (January – December).**
- One school terms notice, in writing, is required before removing your child from our school, or payment in lieu thereof will be required. Should you fail to pay, you will be liable for all legal costs (including legal costs on the scale between attorney and own client) incurred for the recovery of school fees.
- We, the undersigned, acknowledge that we have read and understand the Rules of the School and that by our signature hereto consider ourselves bound by such rules and conditions.

Parent/Guardian full name and surname:Signature:.....

Parent/Guardian full name and surname:Signature:.....

Person responsible for payments:

Parent/Guardian full name and surname: Signature:.....

Witness full name and surname: Signature:

This application for enrolment will not be accepted unless all information required is provided and it is signed in full.