



beehivemp@gmail.com

<https://montessoriconnect.co.za/beehive-montessori/>

Office: 021 919 4223

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Mauritius Crescent, Stellenberg

APPLICATION FORM

Please indicate with an **X** which group you are applying for:

Toddler Class (18 months – 3 years)		
3 – 6 Class (3 to 6-year olds)		
Anticipated starting date:		
YOUR CHILD's DETAILS:		
Surname		First name(s)
Date of birth		Religion
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address		
Home language		Nationality
Do you require Aftercare? (tick one)	<input type="checkbox"/> No	<input type="checkbox"/> Half-Day Aftercare (12h15 – 14h30)
		<input type="checkbox"/> Full-Day Aftercare (12h15 – 17h30)

MOTHER / GUARDIAN			
Surname		First name	
ID No			
Home address			
Profession, business or occupation			
Name & address of employer			
Contact number	Home	Work	Cell
Email address			Religion
FATHER / GUARDIAN			
Surname		First name	
ID no			
Home address			
Profession, business or occupation			
Name & address of employer			
Contact number	Home	Work	Cell
Email address			Religion

General

From time to time we require the assistance of parents. Please indicate which areas you would be prepared to assist if the need arose. Please tick appropriate block			
<input type="checkbox"/> Sewing/mending	<input type="checkbox"/> Gardening	<input type="checkbox"/> Woodwork	<input type="checkbox"/> General maintenance
Other:			

Our school is specifically a Montessori school for educational stimulation. To assist in your understanding please read as much as possible on the subject.

FAMILY HISTORY

PARENTS/GUARDIANS

Married Divorced Separated Single Widowed (Please tick)

Living arrangements: Living together Living apart (Please tick)

With whom does your child reside?

Are both parents in the home?

Is the home a house or flat?

Other adults living with the family?

Relatives or other adults who are important to the child?

Who may collect your child?

Who can we contact if both parents / guardians are not available?

Name: Contact Number

Relationship to Child:

CHILD'S MEDICAL HISTORY:

Has the child been hospitalized since birth.....

If so, please give details:

Has the child been referred to any specialists, e.g. psychologist, speech therapist, occupational therapist?

.....

If so, why?

.....

.....

What treatment/therapy was recommended?

.....

Does he/she have any allergies?

If so, how is it treated?

Does your child suffer from any other conditions that you feel we need to know about?

.....

Name of Family Doctor:

Contact Number of Doctor:

In case of emergency, which hospital may your child be taken to?

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Who will fetch your child from school / aftercare?

.....

Who will look after your child in the afternoon?

.....

CHILD'S BEHAVIOUR

Is your child generally happy?

Does he/she continually whine / cry / be over-dependant or anything similar?

Does he/she have frequent tantrums? If so, how is it treated?

.....

.....

Is there any emotional behaviour you are worried about, e.g. jealousy, aggression, wanting their own way frequently, demanding attentions? If so, how treated?

.....

How do you discipline your child, e.g. using time out, smacking, talking things over, etc.?

.....

Do both parents handle discipline in the same way?

If not, how do they differ?

.....

.....

Is he/she demanding at bed time, e.g. more stories, door open, lights on?

.....

CHILD'S VERBAL COMMUNICATION

At what age did he/she begin to talk?

Is he/she fluent in communicating his/her needs verbally?

Does he/she have any speech difficulties, e.g. physical stammering, lisp, etc?

If so, what was done about it?

.....

DAILY CARE

Has the child been in a playgroup, school or with a day mother before?

.....

If no, who looked after your child?

.....

If yes, was the person trained in childcare/education?

.....

TOILET USE

Is your child totally train?

.....

Can he/she use the toilet independently?

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At what age was he/she controlled?

.....

Does he/she have accidents?

.....

Does your child suffer from constipation or any other abnormalities relating to the toilet issue?

.....

If so, how treated?

.....

MONTESSORI UNDERSTANDING

What made you decide on a Montessori school?

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How did you find out about the Beehive?

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.....

What is the quality about Montessori education that you most admire?

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.....

Are you in touch with what the Montessori Method is all about?

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If so, what does it mean to you?

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.....



PARENT/GUARDIAN AGREEMENT

I / We agree to the following:

- Children in 3 – 6 classes are expected to stay and complete their Gr R year.
- Parents are expected to participate in fundraising events and to make a commitment to do so throughout their stay at the Beehive.
- Parents are expected to attend Parent Meetings and information evenings.

Consent & Indemnity

I/We hereby give consent for my child to take part in educational excursions arranged by the school. I fully understand and accept that all tours and excursions shall be undertaken at my own risk, and I hereby, in favour of the school itself, the Beehive Montessori school management, on behalf of myself, my executors, my heirs, my administrator, the other parent of my child aforesaid, waive all claims both now and present, indemnify all its office bearers and employees against any or all claims both now and present whatsoever, that may arise in connection with any loss or damage of or damage to the property or injury, disability, death, expense, cost or liability of whatsoever nature suffered by my child, in the course of any such excursion both now and present, in the knowledge that the Principal and staff will, nevertheless, take all reasonable precautions for the safety and welfare of my child.

Severability

If one or more of these terms are found to be unenforceable, such term shall be deemed to be severable from the remainder of the terms and the remaining terms shall in all other respects remain in full force and effect.

School Fees

I/We accept full responsibility for the payment of all school fees due, as determined by the school's management, on due date. A penalty fee of **R50-00** may be levied for each late payment of school fees and my child may lose his/her place at the school if school fees are in arrears. This decision is at the discretion of the school's management. School fees must be paid electronically on the first of every month. Payment by means of cash cannot be accepted.

Non-refundable Enrolment Fee

A non-refundable enrolment fee of **R2 000-00** will be payable on registration. Should the parents and/or guardian withdraw the child within **30 (Thirty) days** of their child's enrolment, the non-refundable enrolment fee will be paid back to the said parents and/or guardian, after setting of any cost or monies due to the school.

Notice of Leaving

I/We acknowledge that I/We will have to give **three calendar months' notice** when leaving the Beehive Montessori. In failure to do so, I/We will still be eligible for the month's school fees.

Consent to Judgement

I/We hereby consent to judgment or to an order for payment of judgment debt in instalments in terms of **Section 58** of the **Magistrates Court Act N° 32 of 1944 (As Amended)**, and consent to the jurisdiction of the Magistrates Court in terms of **Section 46** of the **Magistrates Court Act N° 32 of 1944 (As Amended)**, for any monies due to and outstanding to the School and/or its Associates

Whereas the client and School and/or its Associates hereby agree to:

1. We hereby consent that our School and/or Associates may, subject to the provisions of the **National Credit Act N°: 34 of 2005 (As Amended)**, as read with the **Regulations**, transmit details (including personal information) to **Transunion Credit Bureau** of how the client, has performed in meeting

his/her/its obligations in terms of any agreement concluded between the School and its client and that **Transunion Credit Bureau** may share such information with any other registered credit providers and **Transunion Credit Bureau** customers for the Prescribed Purposes.

2. That should the client fail to meet his/her/its commitments to the School and/or its Associates the School and/or its Associates, may record the client's non-performance with **Transunion Credit Bureau** and that **Transunion Credit Bureau** may share such information with any other registered credit providers and **Transunion Credit Bureau** customers for the Prescribed Purposes.
3. That any information conveyed by the School and/or its Associates to **Transunion Credit Bureau** may be used by **Transunion Credit Bureau** in the normal course of its business as a registered Credit Bureau and accessed by other Credit Providers and customers of **Transunion Credit Bureau** for Prescribed Purposes.
4. That the School and/or its Associates may perform a credit search on the client's profile with a registered **Credit Bureau** in terms of the Schools and/or its Associates mandate.
5. Use any registered credit bureau and/or tracing School for tracing the client.
6. List an outstanding account by the client with a registered Credit Bureau and/or **Transunion Credit Bureau**.
7. That the School and/or its Associates undertakes to give the client **20 (Twenty) business days** written notice prior to the forwarding of **clauses 1-6**.
8. I/We hereby consent to costs on an **Attorney and Own client scale** cost.

Signed at on this Day of20.....

.....
SIGNATURE OF PARENT/GUARDIAN

Who verifies that by signing this document, he/she is duly authorised to sign it, that he/she has read the contents thereof, that it has been explained to him/her and that he/she understands the contents thereof, and that he/she hereby bind him/herself as co-principal debtor and surety.

<p>Bank Account details: Account holder: The Beehive Montessori Pre-School Nedbank: Tygervalley: Code: 103 910 Account number: 1039 007732</p>
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