

Registration Form



Child's details:

(Include certified copy of birth certificate)

Surname: _____ First name(s): _____

Preferred name: _____ Date of birth: _____

Home language: _____ Gender: M F

Who does the child live with: _____

Child's home address: _____

_____ Postal code: _____

Service required:

Half day (08:00 – 12:00), Full day (08:00 – 17:00)

What kind of therapy is your child currently receiving: (please list all)

Medical history, health and welfare: (Please attach a copy of the clinic card)

Does your child suffer from epilepsy? Y N

(A) If Yes, please detail any medication your child receives (use a separate page if necessary)

(B) If Yes, please give detailed description of measures we must take in the event that your child has a seizure (use a separate page if necessary)

Does your child have any allergies and \ or food intolerances? Y N If yes please detail (use separate page if necessary)

Identify any additional illnesses not mentioned that your child suffers from. (use a separate page if necessary)

Please list all medications that your child may be required to take daily while in the care of Yarden Children's Enrichment Centre. (Name of medication, the quantity to be given and how many times during the day-care hours)

Does your child have any religious dietary restrictions? Y N (If yes please give details)

Your individual needs and goals for your child _____

This will be discussed during initial meeting with parents which will be held before the start of the school term.

Medical Contacts:

(Please provide a copy of both front and back of your Medical Aid card).

Name of doctor: _____ Doctor's phone no.: _____

Medical Aid scheme and plan type: _____

Medical Aid number _____ Principal member: _____

In case of an emergency which hospital do you prefer us to take your child to?

Parental Information:

(Include certified copy of SA ID and / or Passport)

Include recent proof of residence (i.e. recent municipal account or lease agreement)

MARITAL STATUS						
Married	Common Law Marriage	Seperated	Divorced	Divorced, and Remarried	Single	Deceased: Father/Mother
PARENTS DETAIL S						

e.g. father, mother, step-parent, grandparent, etc.

All communication (school SMS messages, phone calls, letters) will be directed to the First Care Giver

	First Care Giver	Second Care Giver
Parental Role:		
Title & Surname:		
First Name:		
I.D. No.:		
Physical Address:		
Postal Address:		
Home Tel. Number:		
Cellphone Number:		
Occupation:		
Employer / Company Name:		
Work Tel. No.:		
Email Address:		
Person responsible for school fees:		
Emergency contact other than parents with whom the child resides		
Name & Relationship: (grandparent, aunt, friend, etc)		
Contact No.:		

Financial Agreement



Person responsible for payment of fees: _____

Child's full name: _____

I hereby undertake to pay a fee of R _____ monthly in advance by the 3rd of the month, for 12 months of the year. I understand also that no repayments will be made for absences or official school holidays. The fee is to be paid into the bank account of Adri Cloete (Principal / Owner) as stipulated below.

Signed at _____ on this _____ day of _____ (20__)

Name: _____

Signature of parent

Name: _____

Signature of witness

Indemnity Form:

I, the undersigned _____

PLEASE PRINT FULL NAMES AND SURNAME _____, being the guardian of _____

PLEASE PRINT FULL NAMES AND SURNAME

Hereby expressly indemnify and hold harmless the Yarden Children's Enrichment Centre as set out below. Whilst it is recognised that the Centre will take every precaution to ensure the safety of my child, I hereby indemnify and hold blameless the owners, principal, manageress, the staff and other agents against all claims which may arise in consequence of the death of, damage, illness or any injury sustained to my child and or property while on the centre premises or elsewhere, and or in the care of Centre staff, from whatsoever cause arising, including any fault of whatsoever nature attributable to the Centre, it's owners, the principal, the manageress, its staff and other agents, save that liability shall not be excluded under this indemnity for loss occasioned by a deliberate act of wilful, misconduct attributable to the owners, the principal, the manageress, its staff and other agents. In the event of my child being injured (or suffer an epileptic episode or have any respiratory distress), I hereby authorise the owners, the principal, the manageress, its staff and other agents to procure such medical treatment / surgery as may in their absolute discretion be deemed necessary. I undertake to indemnify the Centre, the owners, the principal, the manageress, its staff and other agents from all medical and hospital costs occasioned thereby.

SIGNATURE: _____ DATE: _____

I, by my signature hereto acknowledge that I am the parent / guardian of: _____

PLEASE PRINT FULL NAMES AND SURNAME OF CHILD / CHILDREN

And that I have read and fully understand the terms of this Indemnity.