

OFFICE USE ONLY		
Admission No:	Admission Date:	
Class:	Application Fee:	
Birth Certificate:	Registration Fee:	
Immunization Card:	Deposit:	
Parent ID:		

PARENT/GUARDIAN INFORMATION

Does applicant have a brother or sister at Benoni Nursery School		Yes	No	
Surname of Father:		Surname of Mother:		
First Name:		First Name:		
I.D Number		I.D Number		
Occupation:		Occupation:		
Work Tel No:		Work Tel No:		
Home Tel No:		Home Tel No:		
Cell No:		Cell No:		
Email address:		Email address:		
Marital Status:	M	D	S	W
Your Residential address:				
Postal Address:				
Emergency Contact: (other than parent) : Tel No:		Cell No:		
Contact Name:		Relationship to child:		

PUPIL INFORMATION

Surname of Pupil:		Name of Pupil:	
Date of Birth:	Sex:	Boy:	Girl:
Home Language:	Present Age:		
No. of children in family:	Position of this child in family:		
Previous School:	Previous School's Tel No:		
Will your child require aftercare:		Yes	No
Siblings attending FPS:			
Medical :			
Medical Aid:	Medical Aid No:		
Family Doctor:	Tel No:		
Allergies:			
Early Feeding difficulties (if any):			
Present feeding difficulties (if any):			

Details of any serious illnesses or diseases:		
Toilet training: detail any difficulties (if any):		
Can your child help himself/herself at the toilet:	Yes	No
Physical Problems: (include certificate/ doctors note if possible) :		
Learning Problems (include documentation)		
Does your child require medication ; (ie Ritalin / insulin etc)		
GENERAL :		
Details of any habits (if any):		
Details of any speech difficulties (if any):		
Details of any fears (if any):		
CREDIT REFERENCE:		
Name:	Name:	
Contact No:	Contact No:	

THE FOLLOWING DOCUMENTATION MUST PLEASE ACCOMPANY THIS APPLICATION FORM:

- A) COPY OF THE CHILD’S BIRTH CERTIFICATE**
- B) IMMUNIZATION CARD**
- C) COPY OF PARENTS ID’S**
- D) CURRENT WATER/LIGHTS ACCOUNT**

TUITION FEES :

I hereby acknowledge that the tuition fees at Benoni Nursery School are compulsory for each year of education. I hereby accept the responsibility of paying all fees for my child that are due to Benoni Nursery School.

PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT:

- Pay in full before the 28th February _____
- Pay monthly by 1st of month – effective January to November _____

Due to safety reasons we appeal to parents to please make use of one of the options listed below when paying your school fees :

- EFT payment
- Direct deposit

(please use your child's name and surname as a reference in both instances.)

I have read the above instructions and information regarding tuition fees and understand and accept the contents thereof:

SIGNATURE: _____ **Name:** _____
Mother

SIGNATURE: _____ **Name:** _____
Father

SIGNATURE : _____ **Name:** _____
Guardian

INDEMNITIES:

Child's Full Name: _____

I, the undersigned, being the legal guardian of the above named child, do hereby waive all and any claims against owners or personnel or employees of Benoni Nursery School, Benoni Nursery Aftercare and the Gauteng Education department from any liability howsoever caused, arising out of the injury, sickness or death of the above named child and/or injury to the above named child caused by other children to such child when such child is under the care of the owners or personnel or employees at Benoni Nursery School.

In the event of the above named child having to be removed from the care of Benoni Nursery Aftercare facility at the request of either parent, with or without the consent of the absent parent, then such request shall be deemed to be a request by both parents and the owners or personnel or employees of Benoni Nursery Aftercare shall be required to hand said child to such parent making the request.

SIGNED AT _____ on this _____ day of _____ 20____

SIGNATURE: _____ Name: _____

(Natural/legal guardian)

WITNESS: _____ Name: _____

MEDICAL INDEMNITY

In the event of any injury being caused to the above named child, howsoever caused, we authorise the owners/personnel/employees of Benoni Nursery School and Benoni Nursery Aftercare to instruct a Medical Practitioner to treat the said child at the discretion of such Practitioner, and that I/we accept full responsibility for any medical expenses relating hereto. Further, we authorise the said owners/personnel/employees to take the said child to the Medicross or Linmed for treatment and/or to engage an ambulance to effect such treatment.

SIGNATURE: _____ Name: _____
(Natural/legal guardian)