

Dottypotty Nursery School

Building Minds and Milestones

Application Form 2012

Date of Application _____
 Child's Name _____
 Child's Surname _____ Nickname _____
 Child's Date of Birth (Y/M/D) _____ Child's age _____
 Child's gender _____ Nationality _____
 Religion _____ Language spoken at home _____
 Address _____

Parental Details:

	Mother	Father
Name		
Surname		
ID No/ Passport No		
Home Phone		
Work Phone		
Cell Phone		
Fax Number		
Email Address		
Company name		
Employer's name		
Employer's address		
Employer's phone number		
Occupation		
Hours of employment are from . . . am to . . . pm		
Number of days of the week at work		
Car Description and Registration		

Parents are:

Married _____ Divorced _____ Separated _____ Widowed ___ Single _____

If divorced: Name of custodian _____

period of one month, if fees are not paid for, your child's registration will be terminated and you will need to pay a registration fee again

Who will be responsible for payment of school fees? _____
Method of payment _____

Permission from parents for learners to go on an educational excursion

- I hereby give permission for my child to participate in any excursion planned for the classes during his/her attendance at DottyPotty Nursery School.
- I cede my power as parent/guardian to the principal of the school or her representative should medical treatment/surgery be deemed necessary for my child. As far as I know he/she is in good health.
- We/I accept that all reasonable precautions will be taken to ensure the safety and welfare of our/my child and that we/I shall be held responsible for the payment of medical and/or hospital accounts, where applicable, should an injury be sustained which cannot be described to the negligence on the part of the staff responsible.
- The following information is essential information in case of medical treatment or hospitalisation:

MEDICAL AID _____ PRIVATE _____ (tick one)

Medical Aid Scheme _____

Medical Aid Number _____

Member's name _____

Family Doctor _____ Tel no _____

Father _____ Tel no (work) _____

Cell _____

Mother _____ Tel no (work) _____

Cell _____ Home _____

Name of two other contact persons

Name _____ Name _____

Tel (work) _____ Tel (work) _____

Other _____ Other _____

In the case of temperature, stings or insect bites administer/ do not administer

Panado/Calpol _____ ml

Anthesaine _____ ml (for bee sting and insect bites)

The person responsible should please note the following :(please specify aspects that the teaching staff should be aware of e.g. allergies, tendency towards abnormal bleeding, epilepsy, etc.)_____

We/I hereby indemnify the school, its staff and or employees from liability in respect of:

- The loss of or damage to any item/s or property of my child whilst such child is in the care of the school.
- Any injury suffered by my child whilst such child is in the care of the school provided that such injury is not caused or attributable to the negligence of the school, its staff and/or employees.

I declare, accept and consent to the following:

- *That DottyPotty Nursery School is a private school which caters for the needs of the community.*
- *That pupils in Grade 00 turn five and pupils in Grade 0 turn six in the year.*
- *That my child will NOT automatically be accepted into the following class and that I must fill in an application form each year.*
- *That the teaching medium would be English.*
- *That my child will abide by all school rules as determined by the Department of Education, the Principal and her staff.*
- *That my child may participate in all school activities.*
- *That I will submit a copy of my child's birth certificate and a copy of my ID/Passport with this application.*
- *That I undertake full responsibility for the payment of school fees.*
- *That I will pay school fees in advance from January to December.*
- *That I have read and understood all of the above regulations and have provided all the appropriate information.*

Signed: (Mother) _____ (Father) _____
 (Date) _____

For Office Use Only

Registration Paid		ID/Passport	
Levy paid		Birth Certificates	
Entertainment paid		Immunisation	
Handbook		2 x Photos	
Termly Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

