LITTLE SAINTS NURSERY SCHOOL

APPLICATION FORM

PLEASE ATTACH THE FOLLOWING and TICK WHERE APPLICABLE:

	Birth Certificate		Clinic Card		ID-Acc. Payer		Proof of residence
	Full Day		Half Day		On Nappies		Off Nappies

CHILD'S BACKGROUND:

Child's surname: _____

Child's name: _____

Date of Birth: _____ Sex: _____

Father's Name & Surname:_____

Home Tel: _____

Work Tel: _____

Cell:_____

Occupation:_____

Home Address: _____

Work Address:_____

ID No. _____

Mother's Name & Surname:_____

Home Tel: _____

Work Tel: _____

Cell:_____

Occupation:_____

Home Address: _____

Work Address:_____

ID No: _____

Marital Status:_____

Contact No. in case of emergency:

Name:_____ Tel No: _____

Name:_____ Tel No: _____

Was your child born premature? _____

If so, please specify: _____

Did your child crawl? _____

Does your child have any habits such as thumb sucking, comfort blanket etc.

_____

Does your child have any fears (e.g. The dark, dogs etc.)_____

Are there any foods your child may not eat?_____

Reason:_____

Is there any drink your child may not have?_____

Reason:_____

Which Church do you as a family attend? _____

MEDICAL BACKGROUND:

Has your child had all inoculations to date?_____

Please supply copy of the clinic card.

Does your child have any physical defects?_____

If so, please specify: _____

Has your child had any children's diseases? _____

If so, please specify: _____

Does your child have any allergies: _____

May your child have Panado syrup or Stopayne? _____

Doctor's Name: _____

Tel: _____

Address: _____

Medical Aid: _____

Medical Aid No. _____

Head Beneficiary Name:_____

ID: _____

I, Mr/Mrs_____ hereby give permission for my child _____to be taken to a doctor in case of an accident.

INDEMNITY FORM

I, the undersigned, herewith apply for admission of my child,

_____

to LITTLE SAINTS NURSERY SCHOOL / AFTER SCHOOL / TODDLER & BABY CARE and should my application be successful, I undertake the following:

1. I, as the natural guardian of the above named child on behalf of myself, my assigns, heirs and executors, hereby indemnify the owners and employees of LITTLE SAINTS from any liability or damage whatsoever and any legal expenses or costs which may arise from any claim as a result of the death of the above child arising from sickness or of injury which the said child might have contracted or sustained during their sojourn in the centre, except where such injury, illness or damage is as a result of the unlawful and intentional negligence of the school or an employee of the said school.

2. I undertake to have the above child immunised against all infectious diseases and children's diseases at admission and to give proof of immunization to the person in charge of the centre.

3. I, _____(parent/guardian) do hereby state that I will not hold the owners or employees of LITTLE SAINTS responsible for any accident that may occur while my child is in transit, except where such injury, illness or damage is a result of the unlawful and intentional negligence of the school or an employee of the said school.

4. I, the undersigned, further undertake to abide by the rules laid down by LITTLE SAINTS or which may be issued from time to time.

5. In addition to the above understanding, I grant the principal and/or staff my consent to obtain whatever medical treatment might be necessary during an emergency where I shall not be immediately or timeously able to grant consent in person.

Signed at VEREENIGING on the _____ day of _____20____.

Parent/Guardian Signature: _____

ID No.: _____

Witnesses Signature: _____

EVEN THOUGH THE NURSERY SCHOOL WILL TAKE EVERY POSSIBLE PRECAUTION TO SAFEGUARD YOUR CHILD, WE DO NOT HOLD OURSELVES RESPONSIBLE FOR ANY ACCIDENTS WHICH MAY OCCUR WHILE THE CHILD IS IN OUR CARE AT THE NURSERY SCHOOL.