

Pied Piper Pre-School
13 Kangnussie Road
Blairgowrie
2194
0832325567



www.piedpiper-preschool.co.za
P.O.Box 1732 Pinegowrie
2123
admin@piedpiper-preschool.co.za

Application Form

Particulars of child

Surname: _____ First name/s: _____

Date of birth: _____ Home Language: _____

Home address: _____

Postal address: _____

Home telephone number: _____ Email: _____

Particulars of parents

Father/guardian

Full name _____ ID number: _____

Occupation: _____ Employer: _____

Business address: _____ Email: _____

Work telephone number _____ Cell number: _____

Mother/guardian

Full name _____ ID number: _____

Occupation: _____ Employer: _____

Business address: _____ Email: _____

Work telephone number _____ Cell number: _____

Name of person other than parents that could be contacted in an emergency.

Name: _____ Relationship: _____

Work number: _____ Home number: _____ Cell number: _____

Medical practitioner

Family doctor: _____ Tel number: _____

Medical aid: _____ Number: _____

Medical details

Please attach a copy of your child's immunization card.

What infectious diseases, if any, has your child already has?

Is your child on regular medication?

Allergies?

Any physical defects (epilepsy, fits etc.)

Any other information (divorce, death of a parent etc.) that you feel we need to know?

Acceptance of terms and conditions

I/we _____ Parents of _____

- Hereby wish to enroll our child/children at Pied Piper Pre-School, Baby Care & After Care Centre
- Agree to abide by the rules of the school.
- Accept responsibility for the due and prompt payment of the school fees (by the 5th day of the month)
- Accept any collection and legal costs that incur should school fees not be paid timeously, my child will not be able to attend school if fees are in arrears.
- **Agree that fees are payable over 12 months of the year this includes a full December payment.**
- Accept that one full calendars months' written notice is required for termination of this contract, but one terms notice is required should notice be given after the third term.
- Allow my child's picture to be taken and shared anonymously on Social Media
- Will accept the use of Whats App when communicating with the School and Groups

Signature mother/guardian: _____ Signature father/guardian: _____

Admin only

Date: _____ Care required: _____

Registration fee paid: _____ First months fees: _____ toiletries: _____

Pied Piper Pre-School and After Care Centre

Indemnity Form

I / we: _____
Father's full name

And _____
Mother's full name

Parents of _____
Child's full name

Hereby:

- ❖ Authorise the principal and/or appointed staff of the school to administer to my/our child the medication I/we have provided.
- ❖ Authorise the principal and/or appointed staff of the school to seek such medical assistance which my/our child may require for whatever reason in the event that I/we cannot be contacted
- ❖ Any charges, expenses or disbursements incurred in this regard will be paid for by the parent/guardian who hereby accepts liability therefore.
- ❖ Indemnity the school or aftercare center or any of its staff in respect of any claim whatsoever or loss of whatever nature I/we and/or the child may sustain in connection with the activities of the school (outings and transport included.)

Date _____

Signature father

Signature mother