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## **Enrolment Form**

Please print this form, fill in all the details and return the originals

**Child's Details** 

Mother

1

Email address	
Home address	
Occupation	
Employer	
Employer Address	
Work Telephone	
Marital Status	

Parent's Details	Father	
Name		
Initials		
Surname		
ID Number		
Cell Number		
Email address		
Home address		
Occupation		
Employer		
Employer Address		
Work Telephone		
Marital Status		
Other Family or Friend Nominated as an Emergency Contact		
Name & Surname		
Contact Number		



Contagious Diseases th	nat your child has already	had	Date		
	lmmu	nisation			
Disease	Date	Disease		Date	
Polio		Whooping Cou	gh		
Measles		Tuberculosis			
Rubella		Diphtheria			
Mumps		Tetanus			
Allergies :					
Any other problems that	we need to be aware of	(epilepsy, diabete	es etc):		
Any operations or accide	ents:				
Present health condition	]:				•
					-
Any physical impairment	ts or restrictions:				



Name of Main Member:
Name of Medical Aid:
Medical Aid Number :
Force Number: (SAPD, permanent force etc.)
Only applicable if you qualify for a lower tariff (for hospitalisation)
Consent for Medical Treatment
I, parent/guardian of
(full name and surname) cede my powers as parent/guardian to the principal of Pecanwood
Junior Stars or her representative should medical/surgical treatment be required for my
child. As far as I know, he/she is in good health aside from the conditions stated below. I
accept that all reasonable precautions will be taken for the safety and wellbeing of my child
and that I will be held responsible for paying any medical and/or hospital accounts where
applicable. I do, however, request the responsible persons to note the following: (please
state any particulars in connection with the child's state of health, such as allergies etc.)
Signature of parent/guardian 1

Information Required in case of Medical / Hospital Treatment



Signature of parent/guardian 2



Indemnity	
We, the undersigned parents/guardians of	(full
vve, the undersigned parents/guardians of	liun
name), herewith indemnify the principal, school and staff against any accidents wh	nich might
occur while said child is in the care of Pecanwood Junior Stars.	
Signature of parent/guardian 1	
Signature of parent/guardian 2	





## **Agreement**

I hereby apply for the above child to be enrolled at Pecanwood Junior Stars. I have read the Parent Handbook and understand and accept it without any reservations.

I agree to:

- 1. The conditions, rules and regulations as stated in the Parent Handbook.
- 2. Pay the prescribed fees before the 1st day of each month and I take note of the penalty for late payment.
- 3. Pay a penalty fee for collection after 14:30 for half-day learners and after 17:00 for full-day learners, which will be added to my account.
- 4. Abide by the rule to give a full term's notice.
- 5. Give notice no later than September if my child will not be attending Pecanwood Junior Stars the following year. I understand that <u>notice will not be accepted in October or November</u> and I will be liable for the first term's fees if I fail to abide by this rule.
- 6. Keep my child at home if he/she is ill. I understand that I endanger the health of the other children and the staff if my child attends school while unwell.
- 7. Return to the school immediately to attend to my child should I be requested to do so by the staff.
- 8. Pay any debt collection costs as well as attorney fees (own client cost) for monies owing to Pecanwood Junior Stars that I have not paid timeously.

Pecanwood Junior Stars reserves the right to change the Parent Handbook at any time. Notice of changes will be given to parents in writing via either an email or a circular.

Signed on the	day of	20
Signature of parent/	guardian 1	
Signature of parent/	guardian 2	<del></del>



Pecanwood Junior Stars