

APPLICATION FOR ADMISSION: SPLENDID KIDS / SPLENDID INDEPENDENT PRIVATE

I/we, the undersigned, parent/s or legal guardian/s, hereby apply for admission of my/our child mentioned below.

SECTION A: PERSONAL INFORMATION		
Child's personal details		
Surname:	Names in full:	
Preferred name:	Date of birth:	
ID number:	Age:	Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Home language:	Other spoken language(s)	
Name of previous school / play group / day mother:		
Street address:		Code:
Person responsible for dropping child off at school:		Relationship to child:
Person responsible for collecting child from at school:		Relationship to child:
Emergency contact persons, in case the school cannot reach the parents/guardians		
A:	Tel:	
B:	Tel:	
Family		
Number of children in family:	Ranking in family:	
Nationality:	Religion:	
Name(s) of children who previously attended Splendid Kids:		
Residence: Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		
Child's Medical Information		
Blood type:		
Name of family doctor:	Tel:	
Medical Aid Name: Medical Aid Plan:	Member number:	
Main member Initials and Surname:	Main member ID nr:	

Please mention any medical conditions or medical needs we should be aware of (speech, hearing or sight impediments, mental or psychological defects):

Have all vaccinations as prescribed by law been administered? Yes No

If no, please specify reason:

Does the child suffer from any allergies? Yes No

If yes, please give details:

Please list previous serious illnesses:

Please list previous operations:

Is the child's physical development, in your opinion, normal for his / her age? Yes No

If no, please state your concern:

Medical Consent and Information

Please familiarise yourself with the document attached regarding illnesses and medication

I/we have familiarised myself/ourselves with the content of the document regarding Illnesses and Medication. In the case of a critical medical emergency, the school reserves the right to utilise the quickest medical service available.

I/we _____ parent/guardian and _____ parent/guardian of _____ agree that the school is allowed to utilise the quickest medical service available in case of an emergency. If the child is taken to the closest hospital (either Louis Leipoldt Hospital or N1 City hospital) it will be for the medical aid account of the parent. I/we hereby agree that if my child is NOT on a medical aid, he/she will be taken to Karel Bremer Hospital where I/we will meet him/her as urgently as possible.

Signature of parent/guardian: _____

Signature of parent/guardian: _____

Details of Mother / legal guardian

Please tick ✓ Parental status: Child living with parents Child's legal Guardian Access rights to child

Surname:

Full names:

Title:

ID number:

Relationship:

Marital status:

Occupation:

Employer:

Home address:

Postal address:

Tel (H):

Tel (W):

Cell:

Email address:

Any other information we should be aware of:

Details of Father / legal guardian

Please tick ✓ Parental status: Child living with parents Child's legal Guardian Access rights to child

Surname:		Full names:			
Title:		ID number:			
Relationship:		Marital status:			
Occupation:		Employer:			
Home address:					
Postal address:					
Tel (H):		Tel (W):		Cell:	
Email address:					
Any other information we should be aware of:					

Details of emergency contact person A

Surname:		Full names:			
Relationship to child:		ID number:			
Tel (H):		Tel (W):		Cell:	

Details of emergency contact person B

Surname:		Full names:			
Relationship to child:		ID number:			
Tel (H):		Tel (W):		Cell:	

Declaration

I/We, the undersigned, _____ and _____ hereby certify that the information given by us in this Application for Admission is complete and accurate.

I/We agree to the conditions as set out in this Application and hereby undertake to abide by the rules and regulations of Splendid Kids, and to endorse fully the principles and the objectives of the school.

Signature of parent/guardian

Date:

Signature of parent/guardian

Date:

SECTION B: ACCOUNT HOLDER

Details and declaration of account holder

Surname:

Full names:

Title:

ID number:

Relationship:

General terms and conditions:

1. Fees are payable monthly in advance, by no later than the 5th day of each and every month;
2. Splendid Kids reserves the right to charge interest on all accounts in arrears;
3. Splendid Kids reserved the right to increase the fees payable. All increases will be communicated to parents/guardians, in writing, at least 1 (one) calendar month prior to the increase;
4. The development/administration fee is a once-off, non-refundable fee, to be paid along with the first month's school fees;
5. Splendid Kids reserves the right to refuse any child access to the school, should the account holder neglect to settle the account;
6. The account holder undertakes to give at least 1 (one) calendar month's written notice of termination of the Admission contract, failing which, the account holder will be liable for a cancelation fee equal to 1 (one) month's school fees;
7. Should Splendid Kids need to institute legal action against the account holder, in order to recover outstanding accounts, the account holder will be liable for all legal costs, on an attorney and client scale, including any tracing fees and collection commission.

I/We, the undersigned, _____ and _____, hereby certify that the information given by the account holder in this Application for Admission is complete and accurate.

I/We confirm that we have read and understood the terms and conditions set out herein and accept full responsibility and liability for any fees payable herein.

Signature of parent/guardian

Date

Signature of parent/guardian

Date