

Kids Kingdom



PRE-SCHOOL CENTRE

51 Goedemoed Street, Goedemoed, Durbanville, 7550
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Registration No. C15/5/13/2C.4862
Web Site: kidskingdom.co.za

ENROLMENT FORM

NAME OF CHILD _____ SURNAME _____

DATE OF BIRTH _____ RELIGION _____

COPY OF BIRTH CERTIFICATE TO BE ATTACHED

ADDRESS _____ HOME LANGUAGE _____

PHONE (H) _____

FATHER'S FIRST NAMES _____ E-MAIL _____

& I.D. NO (**COPY OF I.D TO BE ATTACHED**) _____

PHONE (W) _____

OCCUPATION _____

MOTHER'S FIRST NAMES _____ E-MAIL _____

& I.D. NO (**COPY OF I.D TO BE ATTACHED**) _____

PHONE (W) _____

OCCUPATION _____

WHEN WOULD YOU LIKE
YOUR CHILD TO START? _____

DATE OF APPLICATION _____

An enrolment fee of R750.00 (non-refundable) is payable together with the return of this form to ensure admission.

WHAT TIME WILL YOU BE FETCHING YOUR CHILD:

12H30 _____

13H00 _____

14H30 _____

18H00 _____

IS YOUR CHILD ALLERGIC TO ANY MEDICINES / FOODS _____?

WHO WILL BRING THE CHILD TO SCHOOL _____?

WHO WILL FETCH THE CHILD FROM SCHOOL _____?

PERSONS TO CALL IN CASE OF EMERGENCY:

_____ PHONE _____

_____ PHONE _____

PERSONAL DOCTOR'S NAME _____ PHONE _____

CHRISTIAN TESTIMONY

Your Place of Worship _____

Church and Denomination _____

DO YOU HAVE ANY OBJECTION TO YOUR CHILD BEING NURTURED AND TAUGHT ACCORDING TO CHRISTIAN PRINCIPLES?

SIGNED _____

FATHER / MOTHER / LEGAL GUARDIAN

SCHOOL MISSION

To establish and maintain, equip and conduct a Pre-School Centre for children aged 2 - 6 years, where the children will receive:

- 1) a pre-school education in terms of the requirements of the Dept. of Social Development.
- 2) a Christian education carefully designed for their age group, as a service to the community.

YOUR MARITAL STATUS

MARRIED _____ DIVORCED _____ WIDOW / ER _____

NAME & AGES OF OTHER CHILDREN:

WHAT INFECTIOUS DISEASES HAS THE CHILD HAD:

HAS THE CHILD BEEN IMMUNISED AGAINST:

COPY OF VACCINATION CARD TO BE ATTACHED (IF APPLICABLE)

POLIO

YES	NO	N/A
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DIPHTHERIA

YES	NO	N/A
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WHOOPING COUGH

YES	NO	N/A
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MEASLES

YES	NO	N/A
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PHYSICAL FINDINGS TO BE WATCHED AT SCHOOL:

MILESTONES: AT WHAT AGE DID YOUR CHILD REACH THE FOLLOWING STAGE IN HIS / HER DEVELOPMENT

CRAWL _____ WALK _____ TALK (REASONABLE SENTENCES OF 3 – 4 WORDS)

_____ POTTY TRAINED _____

HAS YOUR CHILD ANY OF THE FOLLOWING IMPEDIMENTS:

SPEECH

PHYSICAL (EYES, EARS ETC)

IS THERE A FAMILY HISTORY OF ANY OF THE FOLLOWING?

DEAFNESS _____

DYSLEXIA _____

IS THERE ANYTHING SPECIAL WE SHOULD KNOW ABOUT YOUR CHILD?

HAS YOUR CHILD ATTENDED A PLAY CENTRE?

NAME & ADDRESS _____

TELEPHONE NUMBER _____

FOR HOW LONG _____

HOW DOES YOUR CHILD RELATE TO OTHER CHILDREN?

SPECIAL INTERESTS / TALENTS:

KID'S KINGDOM PRE-SCHOOL CENTRE

MONTHLY PAYMENT OF SCHOOL FEES

Fees are payable in 10 equal instalments. If your child starts with us any time from 1st August onwards the casual fee will be charged for days attended in December.

We have, for security reasons, adopted a "no cash" policy and therefore request parents to make use of cheques, debit orders or internet / direct transfers to settle school fees. Our banking details are:

ABSA Durbanville, Account No. 1410158872, Branch Code 334810.

Please quote your child's name and surname as the reference.

Compliance with these simple rules ensures the smooth running of our school. Thank you in anticipation for your co-operation.

1. I agree to pay 10 equal instalments of R _____ in advance. Payments are due from 1 February to 1 November, with no payments required on 1 January or 1 December.
A 12-month payment plan is also available upon request.
2. I agree to pay these fees by the 1st of each new month. **Alternative arrangements for a later date would need to be made by written application.**
3. I agree that school fees are payable even if I should be away on holiday or my child is absent due to illness.
4. I agree that should I be unable to meet my monthly commitment for fees, I will make the necessary arrangements with the principal, in writing, before the due date. I understand that should no arrangement be in place by the 30th of the month, my child will no longer be able to attend school until the account has been settled.
5. I agree that should my account be handed over; I will be responsible for all legal costs.
6. I agree to give one FULL month's notice should I wish to remove my child from the above pre-school.
7. I acknowledge that the school has a '**no cash**' policy and will make alternative arrangements concerning my method of payment.

SIGNED _____

DATE _____

PERMISSION & INDEMNITY

I, the undersigned,.....

Of.....

Address

Being the parent / guardian of.....

Name of Scholar

hereby agree that my son / daughter may take part in all activities of Kid's Kingdom Pre-School inclusive of plays and physical exercise.

I understand and accept that all such activities be undertaken at the sole risk of my son / daughter and that I, in my abovementioned and personal capacity, my executors, my spouse and the above-named child hereby indemnify the supervisors, the teachers and the School Board of all and any losses or damages as well as injuries to my above-mentioned child which may occur from any of the fore-mentioned activities. I acknowledge that the principal and her staff will take all reasonable precautions to ensure the safety of my child.

The School has a Website and a Facebook page which may contain images of our children from time to time. Please let us know if you do not want your child included on social media.

FATHER / GUARDIAN DATE

MOTHER / GUARDIAN DATE