



#### PARENT/GUARDIAN INFORMATION

Does applicant have a brother or sister at Benoni Nursery School		Yes	No		
Surname of Father:		Surname of Mother:			
First Name:		First Name:			
I.D Number		I.D Number			
Occupation:		Occupation:			
Work Tel No:		Work Tel No:			
Home Tel No:		Home Tel No:			
Cell No:		Cell No:			
Email address:		Email address:			
Marital Status:	<input type="checkbox"/> M	<input type="checkbox"/> D	<input type="checkbox"/> S	<input type="checkbox"/> W	
Your Residential address:					
Postal Address:					
Emergency Contact: (other than parent) : Tel No:				Cell No:	
Contact Name:				Relationship to child:	

**PUPIL INFORMATION**

Surname of Pupil:	Name of Pupil:		
Date of Birth:		Boy:	Girl:
Home Language:	Present Age:		
No. of children in family:	Position of this child in family:		
Previous School:	Previous School's Tel No:		
Medical :			
Medical Aid:		Medical Aid No:	
Family Doctor:	Tel No:		
Allergies:			
Early Feeding difficulties (if any):			
Present feeding difficulties (if any):			
Details of any serious illnesses or diseases:			
Toilet training: detail any difficulties (if any):			
Can your child help himself/herself at the toilet:		Yes	No
Physical Problems: (include certificate/ doctors note if possible) :			
Learning Problems (include documentation If possible)			

Does your child require medication ; ( ie insulin etc)	
<b>GENERAL :</b>	
Details of any habits (if any):	
Details of any speech difficulties (if any):	
Details of any fears (if any):	
Name:	Name:
Contact No:	Contact No:

**THE FOLLOWING DOCUMENTATION MUST PLEASE ACCOMPANY THIS APPLICATION FORM:**

**A) COPY OF PARENTS ID'SD) PROF OF ADDRESS NOT OLDER THE 3 MONTHS**

**B) COPY OF THE CHILD'S BIRTH CERTIFICATE/ PARENT/GUARDIAN ID**

I hereby acknowledge that the tuition fees at Joyfulwonderland are compulsory for each year of education. I hereby accept the responsibility of paying all fees for my child that are due to Joyfulwonderland.

**PLEASE INDICATE YOUR PREFERRED METHOD OF PAYMENT:**

- Pay in full before the 28th February \_\_\_\_\_
- Pay monthly by 1st of month – effective January to November \_\_\_\_\_

Due to safety reasons we appeal to parents to please make use of one of the options listed below when paying your school fees :

- EFT payment
- Direct deposit

*(please use your child's name and surname as a reference in both instances.) I have read the above instructions and information regarding tuition fees and understand and accept the contents thereof:*

**SIGNATURE:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Mother**

**SIGNATURE:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Father**

**SIGNATURE :** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Guardian**

## INDEMNITIES:

Child's Full Name:

I, the undersigned, being the legal guardian of the above named child, do hereby waive all and any claims against owners or personnel or employees of Joyfulwonderland, and the Gauteng Education department from any liability howsoever caused, arising out of the injury, sickness or death of the above named child and/or injury to the above named child caused by other children to such child when such child is under the care of the owners or personnel or employees at Joyfulwonderland Nursery School.

In the event of the above named child having to be removed from the care of Joyfulwonderland facility at the request of either parent, with or without the consent of the absent parent, then such request shall be deemed to be a request by both parents and the owners or personnel or employees of Joyfulwonderland shall be required to hand said child to such parent making the request.

SIGNED AT \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Name:** \_\_\_\_\_

(Natural/legal guardian)

WITNESS: \_\_\_\_\_ Name: \_\_\_\_\_

## **MEDICAL INDEMNITY**

In the event of any injury being caused to \_\_\_\_\_, howsoever caused, we authorise the owners/personnel/employees of Joyfulwonderlan Nursery School to instruct a Medical Practitioner to treat the said child at the discretion of such Practitioner, and that I/we accept full responsibility for any medical expenses relating hereto. Further, we authorise the said owners/personnel/employees to take the said child to the Medicross or Glenwood Hospital for treatment and/or to engage an ambulance to effect such treatment.

SIGNATURE: \_\_\_\_\_ Name: \_\_\_\_\_  
(Natural/legal guardian)

<b>OFFICE USE ONLY</b>		
Admission No:	Admission Date:	
Class:	Application Fee:	
Birth Certificate:	Registration Fee:	
Immunization Card:	Deposit:	
Parent ID:		