



Application Form

Cell: 079 799 2784 Email: milestonesmontessori97@gmail.com
 www.milestonesmontessori.co.za

Date: _____

CHILD'S DETAILS:

Name:					
Surname:					
Date of Birth:					
Age:					
Home Language:					
Other Languages:					
Gender:					
Religion:					
Allergies					
Medical conditions (if applicable)					
Full Day: (circle)	Half Day (Circle)	$\frac{3}{4}$ Day (circle)	3 days a week $\frac{3}{4}$	3 days a week full day	Name & Age of Siblings:

PARENT / Guardians DETAILS:

	Mother	Father
Name & Surname		
Tel (W):		
Tel (H):		
Cell:		
Email address:		
ID No		
Marital status		
Occupation:		
Nationality		
Employer:		
Residential Address:		
Car Reg.		

**Note that "Parents" details may be substituted with "Guardian" details if applicable*

Emergency contact :(Other than parents)

Name:	
Tel (W):	
Tel (H):	
Cell:	
Relationship to the child	
Car Reg.	

MEDICAL INFORMATION

Medical Aid	
Main member	
Membership no.	
Family Doctor	
Doctor's Tel.	
In case of emergency, paramedics will be contacted and your child would to be taken to a Hospital if needed.	

NB: Do you give consent for the teacher on duty to transport your child to the nearest hospital in event of an emergency?

Yes

No

Please note that we are not permitted to administer medicine without written parental consent. Do you give consent for the teacher on duty to administer pain and fever medication if necessary? Yes No

I hereby give consent that my child may receive any necessary first-aid and/or medical treatment in case of any emergency.

Parent's signature: _____ Date: _____

Note:

If no one from this list is able to collect your child on a certain day please inform the school before school ends. Your child will not be allowed to leave the school premises without prior knowledge from the school.

HISTORY

List any chronic physical problems and any history of hospitalization_____ -

List any disease, serious illness or operations the child has had

Is your child taking any regular medication?

Does your child, in your opinion show any signs of visual, auditory, emotional, muscle tone, sensory, hyperactivity, concentration co-ordination, or speech problems? Please be specific__

Has your child been referred to a specialist? If yes

List any medications (food supplements, modified diets or fluoride supplements currently being administered to the child.

Has your child ever had ear/hearing examinations or treatment?

When?_____ Whom?_____ Results:_____

Has the child ever had vision examination or treatment? _____ When? _____ by whom? _____ Results: _____ -

Is your child on a special diet? _____ if so, what kind? _____

Is there any other information you would like to share about your child's eating habits?

Right of Admission

Please note that Milestones Montessori School reserves the right of admission of any child, for any reason whatsoever, as it deems fit or necessary, and no reason or explanation is required to be given by the School in this regard.

Bank Details: FNB

Account Number: 630 155 72092

Branch code: 250655

Reference: Child's Name & Surname

Parent responsible for payment _____

Office Only:

Date: _____

Date of enrollment _____

Immunization record? Yes No

Previous report? Yes No

Payment method _____

Registration fees paid? Yes No

Stationary fees paid? Yes No

Comments: _____

Consent and Indemnity

I, _____ The mother /the

Father, /legal guardians of _____ Hereby agree that:

- We understand that while every reasonable caution will be taken, we hold harmless and absolve Milestones Montessori and irrevocably indemnify it and all of its staff against and from any claims whatsoever which may arise from loss, damage or injury to person or property during any school activities or on the school premises;
- We delegate the necessary authority to the principal of Milestones Montessori, or her nominated representative, to act in loco parentis in the event of our child being injured in an accident or an emergency, with the aim of ensuring our child's best care;
- We accept any decision taken by the principal, or her nominated representative, as if it were our own; we agree that we will be responsible for any medical costs that may arise from the treatment of our child during / after an accident / emergency; we indemnify Milestones Montessori, school owner and staff from any and all claims
- We undertake to ensure that our emergency contact details are updated at any time that they may change, to ensure Milestones Montessori representatives can contact us when necessary;
- We will ensure our child is kept at home when he or she is unwell;
- We undertake to inform Milestones Montessori personnel if our child contracts a contagious disease/ illness.
- Fees are due irrespective of whether attendance is missed due to illness.
- Fees are payable in advance on or before the 1st day of each month (Including December).
- Failure to pay the school fees will result in the immediate suspension of your child.
- A minimum one month notice period is required in writing should you wish to withdraw your child from Milestones Montessori.
- We agree that this indemnity and consent shall be applicable from the date of the signature and shall remain in force and effect for the entire duration of our child's enrolment at Milestones Montessori.

IMPORTANT: If your child appears ill, has had a fever of 38° within the past 24 hours, has diarrhea, is vomiting or shows evidence of a communicable disease, please make arrangements for alternative care. If your child has such symptoms and is present at Milestones Montessori, you will be asked to collect him/her immediately. In the event of your child running a temperature of 38° and above, it is school policy to contact the parent/guardian and inform them of the situation immediately – with the view to obtain permission to administer Paracetamol to break the fever. In the event of the school not being able to reach the parent/guardian immediately, permission is hereby given that Paracetamol be administered (ages 1 – 3yrs = 5ml) and 3yrs – 6yrs = 10ml) by an adult and the administration thereof will be recorded in the School's Medicine Register. We do not administer antibiotics at school if a child is on antibiotics treatment the course must be finished at home.

By signing this agreement, hereby acknowledge having read and understood all the contents thereof, and agree to abide by all the terms and conditions.

Signed: Parents/guardians _____ Date _____

Signed at: _____ year _____