



Montessori Centre for Early Childhood Development
Moreletapark, Pretoria East

Play, Learn and Grow Together!

REGISTRATION FORM

CHILD DETAILS - GENERAL

Name _____ Nickname _____

Surname _____ Home Language _____

Date of Birth _____ Language of Education _____

Gender _____ Nationality _____

Religion _____ Child's Position in Family _____

Enrollment Date _____ Half/Full Day _____

Is your child receiving any therapy? Please describe: _____

History of your child - Pregnancy/Birth: _____

Previous Pre-School: _____ Contact no. _____

Any information the school needs to know regarding your child: _____

CHILD DETAILS - MEDICAL

Doctor's Name _____ Medical Aid Name _____

Doctor's No. _____ Medical Aid No. _____

Doctor's Address _____ Main Member _____

Allergies / Medication _____



PARENT/GUARDIAN DETAILS – FATHER



Title _____ **Name** _____ **Surname** _____

Id No. _____ **Marital Status** _____

Home Address: _____ **Postal Address:** _____

Home No. _____ **Cellphone No.** _____

Work No. _____ **Fax No.** _____

Email Address: _____

Occupation: _____ **Place of Employment:** _____

Live with child: Yes / No **Paying Person: Yes / No**

If yes which option do you prefer? Printed / Emailed Invoice: _____

PARENT/GUARDIAN DETAILS – MOTHER

Title _____ **Name** _____ **Surname** _____

Id No. _____ **Marital Status** _____

Home Address: _____ **Postal Address:** _____

Home No. _____ **Cellphone No.** _____

Work No. _____ **Fax No.** _____

Email Address: _____

Occupation: _____ **Place of Employment:** _____

Live with child: Yes / No **Paying Person: Yes / No**

If yes which option do you prefer? Printed / Emailed Invoice: _____



Emergency Contacts

Montessori Centre for Early Childhood Development
Moreletapark, Pretoria East

In case of emergency and both parents are unreachable I _____

Parent /guardian of _____ give consent to the following people to act on my behalf:

1. _____ contact no's _____ relationship _____

2. _____ contact no's _____ relationship _____

Little People's Place will act on your behalf in case of an emergency if no emergency contact person is available.

Signature Parent/Guardian

Date

Liability

All precautionary measures are taken to ensure the safety of your child!!

I _____ Father/Legal Guardian, Id. _____

As well as I _____ Mother/Legal Guardian, Id. _____

of _____, hereby absolve Little People's Place Montessori Centre and its owner and respective employees from any financial, judicial or medical claim resulting from any injury, howsoever caused, sustained by my child or death of my child from any cause, while on the school premises or any outing organized by the school during my child's enrollment as a pupil at Little People's Place Montessori Centre.

An employee, acting on behalf of the school, in the event of an accident, will not be held personally responsible for any costs, should any 3rd party claim arise. The parking area is used at your own risk. The school and staff members do not take any responsibility for incidents or any damage to your vehicle.

Signed at Pretoria on the _____ day of _____ 20_____

Signature Father/Guardian

Signature Mother/Guardian

Signature Owner/Principal



Parent's Consent for 3rd Party to collect your Child

Montessori Centre for Early Childhood Development
Moreletapark, Pretoria East
Play, Learn and Grow Together!

I _____ Id no. _____, parent of

_____, give permission to any of the following persons to

collect my child from school on my behalf:

1. _____ Id no. _____, relationship _____

2. _____ Id no. _____, relationship _____

3. _____ Id no. _____, relationship _____

4. _____ Id no. _____, relationship _____

Signature Parent/Guardian

Date

Parent's Consent for your child's photos to be published on the school's

Website/Facebook

Herewith I _____, Id no. _____,
parent/guardian of _____, give permission to Little People's
Place Montessori Centre to use my child's photos for advertisement purposes in brochures, the
website and on Facebook.

Signature Parent/Guardian

Date