



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 \_\_\_\_\_



Montessori Centre for Early Childhood Development  
Moreletapark, Pretoria East

**PARENT/GUARDIAN DETAILS – FATHER**

Title \_\_\_\_\_ Name \_\_\_\_\_ Surname \_\_\_\_\_

Id No. \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home No. \_\_\_\_\_ Cellphone No. \_\_\_\_\_

Work No. \_\_\_\_\_ Vehicle Registration 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. \_\_\_\_\_ Vehicle Registration 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

### **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 3<sup>rd</sup> 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 3<sup>rd</sup> 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 for 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

**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, on the website and / or Facebook.

\_\_\_\_\_  
Signature Parent/Guardian

**Terms and Conditions**

I \_\_\_\_\_ Father/Legal Guardian of, and I \_\_\_\_\_ Mother/Legal Guardian of \_\_\_\_\_ hereby admit that I have read the Terms & Conditions of Little People's Place Montessori Centre. I understand and accept these terms & conditions.

\_\_\_\_\_  
Signature Father/Guardian

\_\_\_\_\_  
Signature Mother/Guardian

\_\_\_\_\_  
Date