

REGISTRATION FORM

CHILD DETAILS - GENERAL

Name	Nickname			
	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 the	erapy? Please describe:			
History of your child - Pregna	ncy/Birth:			
Previous Pre-School:	Contact no			
Any information the school no	eeds 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				



Title Name	Surname				
Id No	Marital <mark>Status</mark>				
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 prefe	er? Printed / Emailed Invoice:				
PARENT/GUARDIAN DETAILS - Title Name	MOTHER Surname				
Id No.	Marital Status				
Home Address:					
	Cellphone No.				
Work No.	Vehicle Registration No				
Email Address:					
Occupation:	Place of Employment:				
Live with child: Yes / No	th child: Yes / No Paying Person: Yes / No				
If yes which option do you prefe	er? Printed / Emailed Invoice:				



parent /guardian of		give consen	t to the following people	to act
on my behalf:				
1	contact no's		relationship	
2	contact no's		relationship	
Little People's Place wil contact person is availa		case of an en	nergency if no emerge	ncy
Signature Parent/Guardi	an			
<u>Liability</u>				
All precautionary measi	ıres are taken to ensu:	re the safety o	of your child!!	
I	Father/Le	gal Guardian,	Id.	
As well as I	Moth	er/Legal Guard	lian, Id	
of	respective employees for howsoever caused / su chool premises or any c	rom any financ ustained by my outing organize	ial, judicial o <mark>r med</mark> ical of child, or death of my c d by the school during t	claim hild fro
An employee, acting on be personally responsible for at your own risk. The schonny damage to your vehic	any costs, should any ool and staff members	3 rd party claim	arise. The p <mark>arking</mark> area	a is use
Signed at Pretoria on the	day of _		20	
Signature Father/Guardi	an	Signature Mo	ther/Guardian	
wegs.				
Signature Owner & Prince	inol			

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

Little People's Place

w, Learn and Grow Together!	Id no	, parent of		
	, give permission for	r any of the following persons to		
collect my child from school or	n my behalf:			
1	Id no	, relationship		
2	Id no	, relationship		
3	Id no	, relationship		
4	Id no	, relationsh <mark>ip</mark>		
Signature Parent/Guardian	-			
Signature Farent, adardian				
	ur child's photos to be	e published on the school's		
Website/Facebook				
Herewith I	, Id n	0		
parent/guardian of	, give permission to Little People's			
Place Montessori Centre to use	e my child's photos for adver	rtisement purpose <mark>s in br</mark> ochures, or		
the website and / or Facebook				
	_			
Signature Parent/Guardian				
Terms and Conditions				
88	Father/Legal Guardiar	of and I		
		of		
hereby admit that I have read				
Centre. I understand and acce	pt th <mark>ese terms & co</mark> nditions			
Signature Father/Guardian	Signature Mother/G	uardian Date		