

# **Application for Admission**

#### **Admission Fee**

A non-refundable Admission Fee of R1000 is payable when your little one is accepted and to secure your child's position at Little Ladybird Playschool. This fee includes a school hat, school bag, lunchbox and notebook.

#### THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THIS APPLICATION FORM

- COPIES OF BOTH PARENTS' IDENTITY DOCUMENTS
- COPY OF CHILD'S BIRTH CERTIFICATE / IDENTITY DOCUMENTS
- COPY OF CHILD'S CLINIC CARD OR IMMUNISATION RECORD
- PROOF OF RESIDENCE
- COPY OF MOST RECENT REPORT (IF APPLICABLE)

HALF DAY		
FULL DAY		
_		  -
ADMISSION FEE PAID		
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Chile	l'a Davagnal Information	Photo of Child

#### Child's Personal Information

Last Name:	
Middle Names:	
First Name:	
Gender:	
ID/Passport Number:	
Date of Birth:	
Age:	
Religion:	
Population Group:	
Home Language:	
Other Home Language:	
Date of Entry:	
Entry Group/Class:	
Position of Child in Family:	
Family Member at Little Ladybird	
Playschool OR Ladybird Preschool	
Residence during School Term	

Tel: 082 7111 882

**Email: kirsten@ladybirdpreschool.co.za Website:** www.littleladybirdplayschool.co.za



<u>Main Contact Information</u>		
Name of Parent:		
Email Address:		
Cell Phone Number:		
Receive WhatsApp Messages?	YES   NO	
<u>M</u> e	edical Information	
Child's Allergies:		
Medical Notes:		
Medical Aid Scheme:		
Medical Aid Principal Member:		
Medical Aid Principal Member's ID:		
Medical Aid Number:		
Preferred Doctor:		
Doctor's Telephone Number:		
Doctor's Address:		
Does your child have any specific		
needs?		
Does your child (or has your child)		
suffer(ed) from any illness/disabilities?  Is there any family history of		
learning problems?		
Is your child's speech development		
considered to be normal		
(if applicable)?		
Is your child's motor development		
considered to be normal?		
_	Aedical Consent  ird Playschool reserves the right to utilize	
the quickest medical service avo		
l,	being the parent / legal guardian of	
h	nereby agree that a medical practitioner	
may provide emergency treatment as may be necessary.		

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Signature of parent / legal guardian

Kloof 3610

## **Father's Information**

ID Number:	
Last Name:	
First Name:	
Middle Names:	
Title:	
Initials:	
Date of Birth:	
Occupation:	
Employer:	
Work Telephone Number:	
Home Telephone Number:	
Cell Number:	
Receive WhatsApp Messages?	YES   NO
Email Address:	
Residential Address:	
Postal Address:	
Report Required?	YES   NO

## **Mother's Information**

ID Number:	
Last Name:	
First Name:	
Middle Names:	
Title:	
Initials:	
Date of Birth:	
Occupation:	
Employer:	
Work Telephone Number:	
Home Telephone Number:	
Cell Number:	
Receive WhatsApp Messages?	YES   NO
Email Address:	
Residential Address:	
Postal Address:	
Report Required?	YES   NO



## **Emergency Contact Information**

(this is a person other than the parents/guardians)

Emergency Contact Name:	
Contact Number:	
Relationship:	
Email Address:	

## **Account Information**

Preferred Method of Payment for fees:	Annually   Termly   Monthly
Person responsible for payment:	
Email:	
Cellphone:	





## **AUPAIR INFORMATION**

(if applicable)

	тарріісавіе)
Name of Aupair:	
Age:	
Contact Number:	
Does your aupair reside with you?	
How long has your aupair been with your family?	
Work times (primarily relating to school):	
Work responsibilities (primarily relating to school):	
Aupair's involvement in: a) school drop-offs	a)
b) school pick-ups	b)
Any other relevant information:	
PLEASE NOTE:	
The School shall report to the child's parents/guardians themselves.	parents/guardians regarding <b>all</b> matters concerning the otherwise is received by the School from the

The School strongly encourages that the parents/guardians (with an aupair) drop-off/collect their child themselves at least once every two weeks, so as to 'keep in touch' with your child's teacher/s, other parents, and the School as a whole.

The actions (both physical and verbal) of an aupair whilst on the School property are the sole responsibility of the parent/guardian for whom that aupair works and is employed by

PARENT/GUARDIAN Date:

**Tel:** 082 7111 882

**Email: kirsten@ladybirdpreschool.co.za Website:** www.littleladybirdplayschool.co.za





## **FEE CLEARANCE CERTIFICATE**

In the event that your child has attended/is currently attending a playschool/crèche/daycare prior to Little Ladybird Playschool:

NAME OF CHILD:			
FULL NAMES OF PARENTS:			
NAME OF SCHOOL AT VATIENDING:			
TELEPHONE NO.:		FAX NO.:	
CURRENT ANNUAL SCHOO	OL FEES:		
FEES PAID TO DATE:			
FEES OUTSTANDING:			
COMMENTS:			
This is to certify that the al			
Signature of School Princi	pal / Bursar	Date	
SCHOOL STAMP			

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