068 555 3263

Newbeginningspreschool0@outlook.com

58 Hugo Road

Valhalla

0185

REGISTRATION FORM

Supporting Documents:

- Birth Certificate
- Clinic Card
- Proof of Res
- Parents / Guardian ID Copies

CHILDS DETAILS
SURNAME:
MIDDLE NAME:
FIRST NAME:
NICKNAME:
GENDER:
AGE:
DATE OF BIRTH:
NATIONALITY:
RELIGION:
FIRST LANGUAGE:
SECOND LANGUAGE:

MOTHER / GUARDIAN DETAILS
NAME:
SURNAME:
HOME ADDRESS:
MOBILE NUMBER:
EMAIL ADDRESS:
OCCUPATION:
EMPLOYER NAME:
WORK ADDRESS:

WORK TEL NO:

FATHER / GUARDIAN DETAILS
NAME:
SURNAME:
HOME ADDRESS:
MOBILE NUMBER:
EMAIL ADDRESS:
OCCUPATION:
EMPLOYER NAME:
WORK ADDRESS:
WORK TEL:

EMERGENCY CONTACT:		
NAME:	TEL NO:	RELATIONSHIP TO CHILD:

AUTHORISATION FOR PICK UP (OVER 16)

A parent / guardians verbal authorization for a pickup must be received before your child will be released to anyone not listed here. If not received, we will notify you by phone, the child will be no be released.

MEDICAL INFORMATION
DOCTORS NAME:
PRACTICE NAME:
PHYSICAL ADDRESS:
CITY:
POSTAL CODE:
TEL(W):
CELL:
MEDICAL AID:
MEDICAL AIDS NAME:
OPTIONAL PLAN:
MEDICAL AID MEMBERSHIP NUMBER:

CHILD`S PERSONAL ID NUMBER:
ALLERGIES:

LIST ANY EXISTING MEDICAL CONDITIONS, MEDICATION / OR SPECIAL TREATMENT YOUR CHILD MAY REQUIRE:

1.
2.
3.

IMMUNIZATION

The health unit requires that we have a photocopy of your child`s recent immunization record in our files. Please include a photocopy with this registration form. If you do not have the record, a copy can be obtained from your local health unit.

EMERGENCY CONSENT:

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY / OUR CONSENT FOR MY / OUR CHILD

WHEN ILL / INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTRE BY THE STAFFMY CHILD`S PRESCHOOL WHEN I / WE CANNOT BE CONTACTED. I CONSENT TO ANAMBULANCE CALLED TO TRANSPORT THE CHILD IF NECESSARY. I FURTHER AGREE TO PAY ALL COST INCURRED FOR TRANSPORT.

PARENT / GUARDIAN SIGNATURE: DATE :

PARENT / GUARDIAN SIGNATURE: DATE:

DISCLAIMER

Use of structure play, scooters, bicycle, motorbikes, swing etc. are done entirely at child`s own risk. Although we will endeavor to ensure your child`s safety, please note that NEW BEGINNINGS PRE-SCHOOL and its staff cannot be held responsible for any accidents, pandemic or injuries happening to your child whilst in our care We **WILL** take the necessary precautions in all instances to try and avoid any mishaps from happening and thus all equipment will only be allowed to be used under supervision of a teacher or assistant, please note though there is an accident do happen which it is out of our control, however as there is a teacher present, the necessary procedures are followed to ensure your child is taken care of, whether it is in a form of first aid, or in a serious instance phoning the parent and / or getting an ambulance. Parents will be notified when they collect their child of any minor injuries that has taken place during the course of the day, like reason for bruises, scratch or bump.

I fully understand and accept that all activities are undertaken at my child`s own risk and that while every endeavor is taken to ensure his / her safety, neither NEW BEGINNING PRESCHOOL nor its teachers accept responsibility of loss, injuries or damage that the person or property of my child may sustain whilst engaged in any activity and waive any right that I or my child may have to claim compensation against NEW BEGINNINGS PRE- SCHOOL nor its teachers in respect to any loss, injuries, or damage incurred whist engage in any activity howsoever arising and whether as a result of negligence or otherwise and I indemnify them against all claims.

PARENT / GAURDIAN SIGNATURE: DATE:

PARENT / GUARDIAN SIGNATURE: DATE:

AGREEMENTS

I consent to the enrollment of the child listed above in this facility / preschool and have been advised of all policies regarding administration of medication, administration: rules, guidelines and regulations, fees, transportation, and services provided by the facility / preschool under which it operates.

For excursions away from the property incurring transportation, special indemnity form will be given to parents to sign and fill.

PARENT / GUARDIAN SIGNATURE: DATE:

PARENT / GUARDIAN SIGNATURE: DATE:

I HAVE READ AND UNDERSTOOD AND FILLLED THIS REGISTRATION FORM TO THE BEST OF MY KNOWLEDGE AND DEEM THE ABOVE INFORMATION AS CORRECT.

PARENT / GUARDIAN SIGNATURE: DATE:

PARENT / GUARDIAN SIGANTURE: DATE: