

EARLY LEARNING CENTRE

6 SPRINGBOK STREET KEWTOWN <> Email: elc@few.co.za

Tel: 021 637 9154 <> 021 – 637 9144 Cell: 084 627 0836

NPO: 014-895

I/We herewith apply for admission of my/our child to the EARLY LEARNING CENTRE ECD Centre (ELC).

I/We are pleased to let you have the following confidential information (Section A and Section B).

Section A

1. Surname of child:.....
2. First name of child:
3. Child's date of birth:
4. Child's identity number:
.....
5. Boy of Girl?:
.....
6. Has the child previously attended any other preschool? Which one?.....
7. Is the child handicapped in any way? If so, how? (Include poor eyesight and speech and/or hearing defect?)
8. Has the child had any illnesses?.....

9. Has the child any allergies?.....
10. Which injections has the child already had?.....
11. Is the child in good health?.....
12. Is the child receiving any medical treatment for any complaint? If so, for what?.....
13. Which language does the child speak? Or in which language is the child brought up?.....
14. Which games does the child like to play?.....
15. With whom does the child live?.....
16. If the child does not live with its mother, where is the mother? Name town or place
.....
17. Is the mother working?
18. If working, at what time does mother leave home for work and what time does she arrive back
from work?
19. Does mother have any problems with her health or handicapped in any way?
.....
20. Is father at home? If not at home where is he? Name town or
place.....
21. Is father working?
22. Does father have any problems with his health or is he handicapped in any way?
.....
23. Has the child any brothers or sisters? How many?
24. If any, how old are they?
25. Does family with whom child stays, receive any welfare attention?.....

Section B

1. Name and Surname of mother:.....
2. Mother's address:.....
3. Mother's telephone no.: (H):..... (W):.....
Cell:..... email:.....
4. Place of employment:.....
5. Mother's occupation:.....
6. Mother's income per month:.....
7. Name and surname of father:.....
8. Father's address if different from mother's:.....
9. Father's telephone no.:(H)
.....(W).....
Cell:..... email:.....
10. Father's occupation:.....
11. Place of employment:.....
12. Father's income per month:.....

I/We enclose

1. A copy of my/our child's birth certificate
2. A copy of my child's clinic card
3. A copy of a recent payslip or a statement from my/our employer/s certifying the income mentioned under 6 and/ or 12 of Section B above.

I/We also confirm that we are aware of the EARLY LEARNING CENTRE's rules and herewith agree to them.

I/We also undertake to participate fully in all PTA activities.

Yours sincerely

.....

SIGNATURE OF MOTHER/FATHER/GUARDIAN/OTHER RELATION

DATE OF APPLICATION;

PAYMENT OF FEES

Person responsible for payment of child's school fees and levies:

Name and Surname:.....

ID Number:.....

Address:.....

Home Tel.:..... Work Tel.:.....

DECLARATION OF INTENT

I the mother/ father/ guardian of
..... a full time registered pupil at the EARLY
LEARNING CENTRE hereby pledge to pay school fees set out as follows:

- 1. R800 per month by the first school day of each month OR
- 2. I declare to pay 12 months school fees

I accept that failure to do so will result in me having to withdraw my child from the Early Learning Centre and still be held liable for any outstanding amounts and that legal steps could be taken against me.

Signed at the Early Learning Centre on:

Signature of person responsible for payment:.....

Witness:.....

Principal's signature:.....

INDEMNITY FORM

I/We the undersigned being the
mother/father/guardian of do hereby request the
staff of EARLY LEARNING CENTRE to act in my place (IN LOCO PARENT) for the said child
in respect while he/she is in their care and do here indemnify them against any claims arising out
of any harm or damages which may be unintentionally caused to my/our child or property of the
Early Learning Centre during his/her stay at the Early Learning Centre:

DATE:.....

SIGNATURE:..... (mother/father/guardian)

WITNESS:.....

EMERGENCY CONTACT PERSONS (Other than parents)

1. Name and Surname:.....

Address:.....

Phone number:..... Cell phone

2. Name and Surname:.....

Address:.....

Phone number:..... Cell phone.....

PERSONS PERMITTED TO COLLECT THE CHILD/CHILDREN

1. Name and Surname:.....

Address:.....

Phone number:..... Cell phone.....

2. Name and Surname:.....

Address:.....

Phone number:.....Cell phone:.....

FOR OFFICE USE ONLY

Date of admission:.....

Signature of Supervisor/Co-ordinator:.....

Date of final departure:.....

Reason for departure:.....

Signature of Supervisor/Co-ordinator:.....